

Mr. Tolson	<input checked="" type="checkbox"/>
Mr. Belmont	<input type="checkbox"/>
Mr. Mohr	<input checked="" type="checkbox"/>
Mr. DeLoach	<input type="checkbox"/>
Mr. Casper	<input checked="" type="checkbox"/>
Mr. Callahan	<input checked="" type="checkbox"/>
Mr. Conrad	<input type="checkbox"/>
Mr. Felt	<input type="checkbox"/>
Mr. Gale	<input type="checkbox"/>
Mr. Rosen	<input type="checkbox"/>
Mr. Sullivan	<input type="checkbox"/>
Mr. Tavel	<input type="checkbox"/>
Mr. Trotter	<input type="checkbox"/>
Tele. Room	<input type="checkbox"/>
Miss Holmes	<input type="checkbox"/>
Miss Gandy	<input type="checkbox"/>

April 28, 1965

*MR. SCATTERDAY*

Honorable J. Edgar Hoover  
Director  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Hoover:

This is to express my deep appreciation for your letter of April 26, 1965, advising me I have been given an outstanding performance rating and granting me a within-grade salary increase.

It is extremely gratifying to receive such an award and I assure you I will continue to do my utmost to discharge my duties to the very best of my ability.

Sincerely yours,

*George W. Scatterday*  
George W. Scatterday

REC-143

67-	144-252
SEARCHED	INDEXED
SERIALIZED	FILED
APR 28 1965	

*TERRELL*

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

6-9-65

I certify that I have received the following Government property for official use:

X~~XXXXXX~~

New Commission Card with case # 4129

RETURNED:

Old Commission Card with case # 4129

READ

The Government property which you hereby acknowledge  
is charged to you and you are responsible for taking care  
of it and returning it when its use has been completed.  
DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN  
ANY WAY.

FILE

Very truly yours, 31 ALJ

(Written  
Signature)

(Typed  
Signature)

George H. Scatterday

June 22, 1965

PERSONAL

Dear Scatterday:

Congratulations on your Twenty-third Anniversary with the Bureau! I hope this is an enjoyable day for you in every way and that the years ahead will be rewarding ones for you. With best wishes, I am

Sincerely,

J. EDGAR HOOVER

REC-143

67-318195-A53  
Scrap-1 New Deal

2 JUN 22 1965

67

Mr. George H. Scatterday  
Federal Bureau of Investigation  
Washington, D. C.

SENT FROM D. O.	8491/2in
TIME	6/22/65
DATE	6/22/65
BY	EDH

Tolson \_\_\_\_\_  
Belmont \_\_\_\_\_  
Mohr \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Telo. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

Anniversary 6/22 - Tuesday

JEH:edm (3)

MAIL ROOM  TELETYPE UNIT

July 1, 1965

Colonel Stanley V. Szapiel, USAF  
Commander  
Fourth District Office of Special  
Investigations  
Department of the Air Force  
Bolling Air Force Base  
Washington, D. C. 20332

Dear Colonel:

I received your letter of June 26th regarding the address of Special Agent Scatterday at your Proficiency Improvement Program and want to thank you for your thoughtfulness in writing.

It was certainly good of you to furnish me your observations, and I am glad he contributed to the success of the course of instruction. It was indeed a pleasure to designate him to speak to your group, and you may be sure Mr. Scatterday joins me in expressing appreciation for your favorable remarks.

Sincerely yours,

2 - Mr. Rosen - Enclosures (2)  
Attention: SA George H. Scatterday

① Personnel File of SA George H. Scatterday - Enclosure

NOTE: Bufiles contain nothing derogatory concerning correspondent, and we have had prior cordial correspondence with him. SA Scatterday is assigned to the General Investigative Division. Zip code per postal directory.

DFC:plr

(6)

BUFILE 1-121

67-1401 RECORDED  
10 JUL 7 1965

43

4TH DISTRICT OFFICE, OSI-16  
BOMBING AIR FORCE BASE  
WASHINGTON 25, D.C.

28 JUN 1965

SUBJECT: Letter of Appreciation

Honorable J. Edgar Hoover  
Director, Federal Bureau of Investigations  
Washington, D. C.

Dear Sir:

1. On the occasion of our 23 June 1965 Proficiency Improvement Program, the investigative personnel of 4th District OSI were fortunate to have as their guest speaker Mr. George H. Scatterday, Chief, Name Check Section, General Investigations Division, FBI Headquarters.
2. We are grateful to Mr. Scatterday for his interesting and informative presentation. His material was directly connected with certain critical phases of OSI investigative operations. Further, it was given in a co-operative spirit which evidenced his desire to continue to cooperate with OSI Special Agents whenever called upon to do so.
3. The demands on OSI for thorough, accurate and complete investigations are great. We meet these demands by our Proficiency Improvement Program. In this, we utilize highly specialized technical and professional individuals such as Mr. Scatterday as instructors. His excellent presentation did much to make this phase of our program enjoyable and successful.

Sincerely,

CHARLES V. SZAPIEL  
Colonel, USAF  
Commander

Name: George H. Scatterday Title: Section Chief  
EOD: June 22, 1942 Grade: GS-16 \$22, 865  
Nonveteran Not on Probation

ASSISTANT DIRECTOR ROSEN: Mr. Scatterday has served as Section Chief of the Name Check Section since October, 1958. He is a diligent, enthusiastic administrator. He has filled in frequently on the desk of the Number One Man of the Division during his absence and has performed in an extremely capable manner. For the period from 4/1/64 to 3/31/65 he received an Outstanding performance rating and, in recognition of his exceptional performance, a quality within-grade salary increase. He is thoroughly qualified in his present position and should be continued in this position.

Rating: Excellent

INSPECTOR P. M. BAKEN, JR.:  
(PMB:wmj 6/25/65)

I agree with the adjective rating given Mr. Scatterday. He makes a mature personal appearance, has a sincere, engaging personality. He impressed Inspector most favorably as a top-flight administrator. Exercises tight control over section operations and has a definite knack for handling personnel. He is believed well qualified to remain in his present position.

General Investigative Division  
6/3/65  
AR:WW

2  
10  
3

JUL 15 3 16 PM '65

REC'D-READING ROOM

F B I

July 15, 1965

Mr. George H. Scatterday  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Scatterday:

I want to commend you and, through you, the personnel in the Name Check Section for the fine manner in which the work in the section was carried out during the 1965 fiscal year.

Everyone was very thorough and competent in handling individual duties and the combined efforts of all were responsible for the noteworthy record achieved in the past year. Your over-all supervision was most effective and I want to thank you and to ask that you convey my appreciation for a job well done to everyone in the section.

REC-139

Sincerely yours,

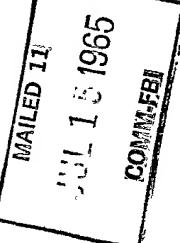
J. Edgar Hoover

1 - Mr. Rosen (Personal Attention)

JUL 15 1 53 PM '65

REC'D-READING ROOM

F B I



1 - Miss Usilton (Sent Direct)

Tolson \_\_\_\_\_  
Belmont \_\_\_\_\_  
Mohr \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

CTP:eaj

(5)  
67-318195

Based on memo Rosen to Belmont 7-13-65 re: "Accomplishments, General Investigative Division, Fiscal Year 1965."

MAIL ROOM  TELETYPE UNIT

✓ 444 XEROX  
JUL 22 1965

UNITED STATES GOVERNMENT

# Memorandum

TO Mr. Belmont

FROM A. Rosen

SUBJECT ACCOMPLISHMENTS

GENERAL INVESTIGATIVE DIVISION  
FISCAL YEAR 1965

DATE July 13, 1965

- 1 - Mr. Callahan  
1 - Mr. Beaver  
1 - Mr. Belmont  
1 - Mr. Rosen  
1 - Mr. Malley

Tolson \_\_\_\_\_  
Belmont \_\_\_\_\_  
Mohr \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

This is to recommend that the Section Chiefs of the Accounting and Fraud, Civil Rights, Criminal and Name Check Sections be commended and, through them, the personnel of those sections responsible for our accomplishments during Fiscal Year 1965.

The Bureau recorded 13,011 convictions in Fiscal Year 1965, as compared with 12,921 during the previous year. During the Fiscal Year 1965, 20,447 automobiles were recovered in cases investigated by the FBI as compared with 19,856 during the prior year. Fines, savings and recoveries totaled \$235,171,542 for Fiscal Year 1965, as compared to \$210,771,402 during the previous year. This figure does not include a recovery of over \$183,000,000, representing the net proceeds credited to the United States Government from a sale of General Aniline and Film Corporation on 3/9/65.

In Fiscal Year 1965, we handled 1,072,382 name checks as compared with 1,104,011 name checks handled in Fiscal Year 1964. While this is a decrease, it is to be noted that in the 1965 Fiscal Year 22,836 requests of a special nature were received as compared with 20,366 such requests during the prior fiscal year.

The Civil Rights Act of 1964 brought increased responsibilities and since the effective date of the Act, 7/2/64, we have handled more than 1,500 cases relating to discrimination in places of public accommodation, public facility and public education. As a result of our investigations the Department has filed 18 civil suits seeking injunctions to end such discrimination. Other notable accomplishments in the field of civil rights include the arrest by FBI Agents on 8/6/64, of four men in Georgia, charged with civil rights violations in connection with the murder of Lieutenant Colonel Lemuel L. Penn, 7/4/64; the arrest of 21 individuals on 12/4/64, on Federal charges

JRM:eem

(6)

165367-411  
CONTINUED - OVER

Enclosures

23/7/65

3 JUN XEROX  
JUL 22 1965

Memorandum to Mr. Belmont  
Re: ACCOMPLISHMENTS

arising out of the murder of Michael Schwerner and two other civil rights workers near Philadelphia, Mississippi, in June, 1964; and the investigation of the murder of Mrs. Viola Liuzzo, a civil rights worker near Selma, Alabama, on 3/25/65, which investigation resulted in arrests by the FBI within 24 hours.

RECOMMENDATION:

That Section Chiefs A. J. McGrath, Accounting and Fraud Section, G. L. McGowan, Civil Rights Section, Rex I. Shroder, Criminal Section and G. H. Scatterday, Name Check Section, each receive a letter of commendation for the work performed by their respective sections. A copy of this letter will be placed in the file of the individuals in each section responsible for the accomplishments in the Fiscal Year 1965.

Appropriate letters are attached.



**UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to  
File No.*

Director  
Federal Bureau of Investigation  
United States Department of Justice  
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

**EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU**

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>GEORGE H. SCATTERDAY</u>	<u>6/7/65</u>	<u>GEN. INV. DIV.</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
<u>MAE L. SCATTERDAY</u>	<u>WIFE</u>

Address	
<u>5911 OSCEOLA RD. WASHINGTON, D.C. 20016</u>	

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
<u>HELEN M. SCATTERDAY</u>	<u>MOTHER</u>

Address	
<u>1024 GRANT ST. CALDWELL, IDAHO</u>	

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well?  Yes  No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address	

Very truly yours,

*George H. Scatterday*  
Special Agent

Special Agent

to Fund

*Reverend*

Mr. Tolson	✓
Mr. Belmont	✓
Mr. Mohr	✓
Mr. DeLoach	✓
Mr. Casper	✓
Mr. Gallohan	✓
Mr. Conrad	✓
Mr. Felt	✓
Mr. Gale	✓
Mr. Rosen	✓
Mr. Sullivan	✓
Mr. Tavel	✓
Mr. Trotter	✓
Tele. Room	✓
Miss Holmes	✓
Miss Gandy	✓

July 16, 1965

Honorable J. Edgar Hoover  
Director  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Hoover:

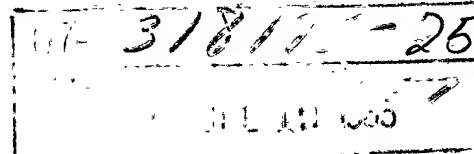
All of the employees of the Name Check Section join me in expressing appreciation for your letter of July 15, 1965, commending the personnel of the Section for the manner in which the work was handled during the past fiscal year.

We will continue to make every effort to assure the discharge of our responsibilities to the very best of our ability. Again our thanks.

Sincerely yours,

*George H. Scatterday*  
George H. Scatterday

REC-145



*MM*  
*RECD*

07-19-65

PERS. REQ. UNIT

b6

July 28, 1965

Mr. Bartley A. Fugler  
Director  
Headquarters Security Operations Division  
National Aeronautics and Space Administration  
Washington, D. C. 20546

Dear Mr. Fugler:

I have received your letter of July 21st expressing appreciation for the work performed by the Name Check Section of this Bureau.

It is always a pleasure to know when my associates are held in high esteem, and I am glad we are able to be of assistance to you. [redacted] and Messrs. [redacted] and Scatterday join me in thanking you for your complimentary remarks.

Sincerely yours,

4 - Mr. Rosen - Enclosures (4)

- 1 - Personnel File of SA [redacted] - Enclosure  
1 - Personnel File of [redacted] - Enclosure  
① - Personnel File of SA George H. Scatterday - Enclosure

NOTE: Bufiles contain no derogatory information concerning Mr. Fugler. SA [redacted] assigned to the Name Check Section, has been ordered to report to Savannah as ASAC on 8-8-65. SA George H. Scatterday is a Section Chief in the General Investigative Division. [redacted]  
[redacted] is a clerical employee assigned to the General Investigative Division.  
JRP:cs (10)

DUPLICATE YELLOW



NATIONAL AERONAUTICS AND SPACE ADMINISTRATION  
WASHINGTON, D.C. 20546

IN REPLY REFER TO: BN

July 21, 1965

The Honorable  
J. Edgar Hoover, Director  
Federal Bureau of Investigation  
Washington, D. C. 20535

Dear Mr. Hoover:

This letter is to express my personal and official appreciation for the cooperation extended to representatives of this Division by Special Agent Supervisor [redacted] during his assignment to the Name Check Section of the Federal Bureau of Investigation. I understand that [redacted] is being assigned to other duties, and I would like him to know that he has our best wishes for success and fulfillment in his new assignment.

b6

Over a period of years, my associates and I have been dependent on service from the Name Check Section in accomplishing the work assigned to us. The cooperation we have received from your employees in that Section, especially Section Chief George H. Scatterday, [redacted] and [redacted] has left nothing to be desired.

I shall appreciate it very much if you will convey my appreciation to these Bureau employees who have done so much to help us in our work.

Sincerely yours,

*Bartley A. Fugler*  
Bartley A. Fugler  
Director's Headquarters Security  
Personnel Division

PERS. REC. UNIT



Keep Freedom in Your Future With U.S. Savings Bonds

UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. Belmont

DATE: August 9, 1965

FROM : A. Rosen

- 1 - Training Division
- 1 - Mr. Belmont *Cancelled*
- 1 - Mr. Rosen
- 1 - Mr. Malley
- 1 - Name Check

SUBJECT: SA GEORGE H. SCATTERDAY  
IN-SERVICE TRAINING

Tolson \_\_\_\_\_  
Belmont \_\_\_\_\_  
Mohr \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Cooper \_\_\_\_\_  
Callahan *KIC* \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

SA Scatterday, Section Chief, Name Check Section, General Investigative Division, is scheduled for Criminal In-Service Training beginning 8/16/65.

Due to the heavy work load and other expedite matters in the Name Check Section at this time, SA Scatterday's In-Service is being canceled and he will be rescheduled for Criminal In-Service at a later date.

ACTION: .....

For information and forwarding to the Training Division.

*Han*  
GHS:ncb  
(6)

*Ross*

*Q*

REC-139

67- 31817-256

SEARCHED	INDEXED
SERIALIZED	FILED
2 AUG 11 1965	

*41*

OCT 20 1965

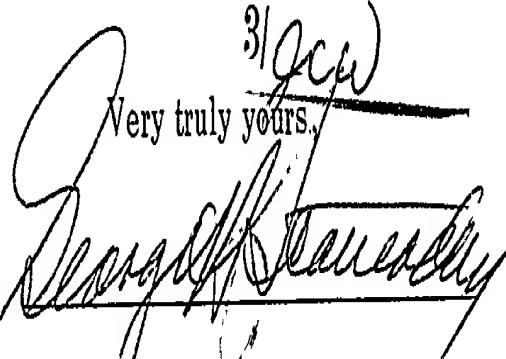
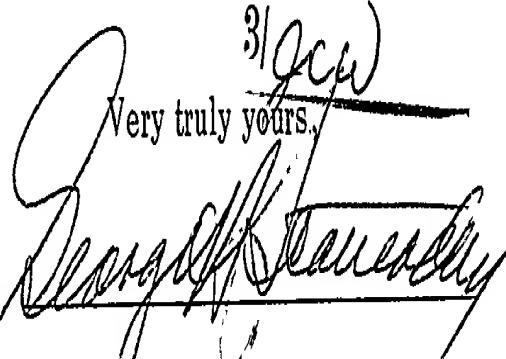
RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICEDate October 28, 1965I certify that I have  received  returned the following Government property for official use:

Manual of Rules and Regulations #954 ✓

Manual of Instructions (4 volumes) #116 ✓

Time and Attendance Manual #279 ✓✓

READ
The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.
DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.
67-NOT RECORDED
1 NOV 1 1965

FILE  
31/jcw  
  
Very truly yours,  
  
(Signature)   
(Typed name) George H. Scatterday

**REPORT OF MEDICAL EXAMINATION**

**F.B.I.**

1. LAST NAME—FIRST NAME—MIDDLE NAME <i>SCATTERDAY GEC. H.</i>		2. GRADE AND COMPONENT OR POSITION <i>Sgt</i>		3. IDENTIFICATION NO.																																																																																								
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) <i>12-23-09 IDAHO</i>		5. PURPOSE OF EXAMINATION <i>Annual</i>		6. DATE OF EXAMINATION <i>7/14/65</i>																																																																																								
7. SEX <i>M</i>	8. RACE <i>White</i>	9. TOTAL YEARS GOVERNMENT SERVICE <i>MILITARY CIVILIAN</i>		10. AGENCY	11. ORGANIZATION UNIT																																																																																							
12. DATE OF BIRTH <i>12-23-09</i>	13. PLACE OF BIRTH <i>NNMC</i>	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN																																																																																										
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <i>NNMC</i>		16. OTHER INFORMATION																																																																																										
17. RATING OR SPECIALTY		TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS																																																																																								
<b>CLINICAL EVALUATION</b> <small>(Check each item in appropriate column; enter "NE" if not evaluated.)</small> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">NORM-</th> <th style="text-align: center;">ABNOR-</th> <th style="text-align: right;">NORMAL</th> </tr> </thead> <tbody> <tr><td>18. HEAD, FACE, NECK, AND SCALP</td><td></td><td></td></tr> <tr><td>19. NOSE</td><td></td><td></td></tr> <tr><td>20. SINUSES</td><td></td><td></td></tr> <tr><td>21. MOUTH AND THROAT</td><td></td><td></td></tr> <tr><td>22. EARS—GENERAL (Int. &amp; ext. canals) (Auditory acuity under items 70 and 71)</td><td></td><td></td></tr> <tr><td>23. DRUMS (Perforation)</td><td></td><td></td></tr> <tr><td>24. EYES—GENERAL (Visual acuity and refraction under items 69, 80 and 87)</td><td></td><td></td></tr> <tr><td>25. OPHTHALMOSCOPIC</td><td></td><td></td></tr> <tr><td>26. PUPILS (Equality and reaction)</td><td></td><td></td></tr> <tr><td>27. OCULAR MOTILITY (Associated parallel movements, nystagmus)</td><td></td><td></td></tr> <tr><td>28. LUNGS AND CHEST (Include breasts)</td><td></td><td></td></tr> <tr><td>29. HEART (Thrust, size, rhythm, sounds)</td><td></td><td></td></tr> <tr><td>30. VASCULAR SYSTEM (Varicosities, etc.)</td><td></td><td></td></tr> <tr><td>31. ABDOMEN AND VISCERA (Include hernia)</td><td></td><td></td></tr> <tr><td>32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)</td><td></td><td></td></tr> <tr><td>33. ENDOCRINE SYSTEM</td><td></td><td></td></tr> <tr><td>34. G-U SYSTEM</td><td></td><td></td></tr> <tr><td>35. UPPER EXTREMITIES (Strength, range of motion)</td><td></td><td></td></tr> <tr><td>36. FEET</td><td></td><td></td></tr> <tr><td>37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)</td><td></td><td></td></tr> <tr><td>38. SPINE, OTHER MUSCULOSKELETAL</td><td></td><td></td></tr> <tr><td>39. IDENTIFYING BODY MARKS, SCARS, TATTOOS</td><td></td><td></td></tr> <tr><td>40. SKIN, LYMPHATICS</td><td></td><td></td></tr> <tr><td>41. NEUROLOGIC (Equilibrium tests under item 78)</td><td></td><td></td></tr> <tr><td>42. PSYCHIATRIC (Specify any personality deviation)</td><td></td><td></td></tr> <tr><td>43. PELVIC (Females only) (Check how done)</td><td></td><td></td></tr> <tr> <td colspan="2" style="text-align: center;"><input type="checkbox"/> VAGINAL    <input type="checkbox"/> RECTAL</td> <td colspan="4"></td> </tr> </tbody> </table>						NORM-	ABNOR-	NORMAL	18. HEAD, FACE, NECK, AND SCALP			19. NOSE			20. SINUSES			21. MOUTH AND THROAT			22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)			23. DRUMS (Perforation)			24. EYES—GENERAL (Visual acuity and refraction under items 69, 80 and 87)			25. OPHTHALMOSCOPIC			26. PUPILS (Equality and reaction)			27. OCULAR MOTILITY (Associated parallel movements, nystagmus)			28. LUNGS AND CHEST (Include breasts)			29. HEART (Thrust, size, rhythm, sounds)			30. VASCULAR SYSTEM (Varicosities, etc.)			31. ABDOMEN AND VISCERA (Include hernia)			32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)			33. ENDOCRINE SYSTEM			34. G-U SYSTEM			35. UPPER EXTREMITIES (Strength, range of motion)			36. FEET			37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)			38. SPINE, OTHER MUSCULOSKELETAL			39. IDENTIFYING BODY MARKS, SCARS, TATTOOS			40. SKIN, LYMPHATICS			41. NEUROLOGIC (Equilibrium tests under item 78)			42. PSYCHIATRIC (Specify any personality deviation)			43. PELVIC (Females only) (Check how done)			<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL					
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23. DRUMS (Perforation)																																																																																												
24. EYES—GENERAL (Visual acuity and refraction under items 69, 80 and 87)																																																																																												
25. OPHTHALMOSCOPIC																																																																																												
26. PUPILS (Equality and reaction)																																																																																												
27. OCULAR MOTILITY (Associated parallel movements, nystagmus)																																																																																												
28. LUNGS AND CHEST (Include breasts)																																																																																												
29. HEART (Thrust, size, rhythm, sounds)																																																																																												
30. VASCULAR SYSTEM (Varicosities, etc.)																																																																																												
31. ABDOMEN AND VISCERA (Include hernia)																																																																																												
32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)																																																																																												
33. ENDOCRINE SYSTEM																																																																																												
34. G-U SYSTEM																																																																																												
35. UPPER EXTREMITIES (Strength, range of motion)																																																																																												
36. FEET																																																																																												
37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)																																																																																												
38. SPINE, OTHER MUSCULOSKELETAL																																																																																												
39. IDENTIFYING BODY MARKS, SCARS, TATTOOS																																																																																												
40. SKIN, LYMPHATICS																																																																																												
41. NEUROLOGIC (Equilibrium tests under item 78)																																																																																												
42. PSYCHIATRIC (Specify any personality deviation)																																																																																												
43. PELVIC (Females only) (Check how done)																																																																																												
<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL																																																																																												

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

REC-132

67-31111-257  
1 AUG 23 1965

ENCLOSURE (-1)

(Continue in item 73)

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Exam Type III  
Class I  
No Defects Noted

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																			
O—Restorable teeth /—Nonrestorable teeth X—Missing teeth XXX—Replaced by dentures						(6 X 8)—Fixed bridge, brackets to include abutments													
R	1	2	3	(4)	5	X	6	7	8	9	10	(1)	12	13	(14)	15	16	L	E
G	32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17	F	T
H	X	X	X	X															
T	X	X	X	X															

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY <i>1.020</i>	46. CHEST X-RAY (Place, date, film number and result) <i># 16802-65 Normal No Change</i>	
B. ALBUMIN <i>Neg.</i>	D. MICROSCOPIC <i>Ess. Neg.</i>	
C. SUGAR <i>Neg.</i>	48. EKG	
47. SEROLOGY (Specify test used and result) <i>Non-Reactive WNL</i>	49. BLOOD TYPE AND RH FACTOR <i>—</i>	50. OTHER TESTS <i>—</i>

**MEASUREMENTS AND OTHER FINDINGS**

51. HEIGHT 71 1/2"	52. WEIGHT 178	53. COLOR HAIR Brown	54. COLOR EYES Green	55. BUILD: (Check one) SLENDER	MEDIUM	HEAVY	OBSESE	56. TEMPERATURE		
57. BLOOD PRESSURE (Arm at heart level)				58. PULSE (Arm at heart level)						
A. SITTING SITTING	SYS. DIAS.	B. RECUM-BENT RESCUM-BENT	SYS. DIAS.	C. STANDING (5 min.) DIAS.	A. SITTING 64	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.	
59. DISTANT VISION RIGHT 20/20 CORR. TO 20/ LEFT 20/20 CORR. TO 20/				60. REFRACTION BY S. OX BY S. OX					61. NEAR VISION 20/20 CORR. TO 20/10 BY 20/20 CORR. TO 20/10 BY 20/20	
62. HETEROPHORIA (Specify distance) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD										
63. ACCOMMODATION RIGHT LEFT		64. COLOR VISION (Test used and result) RGC 1440 16/18		65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED				
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)		68. RED LENS TEST		CORRECTED				
70. HEARING RIGHT WV 15 /15 SV 15 /15 LEFT WV 15 /15 SV 15 /15		71. FHD. AUDIOMETER 750 Standard		72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)						
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY  Hearing is very good. No pain None noted										
(Use additional sheets if necessary)										
74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)  None noted										
75. RECOMMENDATIONS--FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify) None						76. A. PHYSICAL PROFILE P U L H E S				
77. EXAMINEE (Check) A. <input checked="" type="checkbox"/> IS QUALIFIED FOR B. <input type="checkbox"/> IS NOT QUALIFIED FOR						B. PHYSICAL CATEGORY				
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER						A B C E				
79. TYPED OR PRINTED NAME OF PHYSICIAN Edward G. Brinson LT(MC) USN						SIGNATURE Edward G. Brinson LT(MC) USN				
80. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE				
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)						SIGNATURE				
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY						SIGNATURE				
						NUMBER OF ATTACHED SHEETS				

# REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

FBI

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>SCATTERDAY, GEORGE H.</b>		2. GRADE AND COMPONENT OR POSITION <b>SPECIAL AGENT</b>		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)				5. PURPOSE OF EXAMINATION <b>ANNUAL PHYSICAL</b>	
7. SEX <b>M</b>		9. TOTAL YEARS GOVERNMENT SERVICE <b>MILITARY</b> <b>CIVILIAN</b>		10. AGENCY	
12. DATE OF BIRTH <b>12/23/09</b>		13. PLACE OF BIRTH <b>CALDWELL, IDAHO</b>		11. ORGANIZATION UNIT	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS				16. OTHER INFORMATION	

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

**GOOD**

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:				
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)	
FATHER			<b>J STROKE</b>	<b>63</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD TUBERCULOSIS		
MOTHER	<b>82</b>	<b>FAIR</b>		1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD SYPHILIS		
SPOUSE	<b>55</b>	<b>GOOD</b>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD DIABETES		
BROTHERS					<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD CANCER	<b>DAUGHTER</b>	
AND					<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD KIDNEY TROUBLE		
SISTERS					<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD HEART TROUBLE		
CHILDREN					<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD STOMACH TROUBLE		
<b>DAUGHTER</b>			<b>LEUKEMIA</b>	<b>17</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD RHEUMATISM (Arthritis)		
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD ASTHMA, HAY FEVER, HIVES		
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD EPILEPSY (fits)		
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	COMMITTED SUICIDE		
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	BEEN INSANE		

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)

YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SCARLET FEVER, ERYSPELAS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GOITER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TUMOR, GROWTH, CYST, CANCER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"TRICK" OR LOCKED KNEE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DIPHTHERIA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TUBERCULOSIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RUPTURE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FOOT TROUBLE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	RHEUMATIC FEVER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APPENDICITIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NEURITIS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ASTHMA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PILES OR RECTAL DISEASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PARALYSIS (Inc. infantile)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	MUMPS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SHORTNESS OF BREATH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR PAINFUL URINATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EPILEPSY OR FITS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	WHOOPING COUGH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	KIDNEY STONE OR BLOOD IN URINE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAR, TRAIN, SEA, OR AIR SICKNESS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CHRONIC COUGH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUGAR OR ALBUMIN IN URINE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT TROUBLE SLEEPING
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DISSINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BOILS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR TERRIFYING NIGHTMARES
<input checked="" type="checkbox"/>	<input type="checkbox"/>	EYE TROUBLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VENEREAL DISEASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DEPRESSION OR EXCESSIVE WORRY
<input checked="" type="checkbox"/>	<input type="checkbox"/>	EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RECENT GAIN OR LOSS OF WEIGHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOSS OF MEMORY OR AMNESIA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	RUNNING EARS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT INDIGESTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ARTHRITIS OR RHEUMATISM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BED WETTING
<input checked="" type="checkbox"/>	<input type="checkbox"/>	CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	STOMACH, LIVER OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BONE, JOINT, OR OTHER DEFORMITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NERVOUS TROUBLE OF ANY SORT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LAMENESS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ANY DRUG OR NARCOTIC HABIT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SINUSITIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	JAUNDICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOSS OF ARM, LEG, FINGER, OR TOE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EXCESSIVE DRINKING HABIT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAY FEVER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ANY REACTION TO SERUM, DRUG OR MEDICINE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PAINFUL OR "TRICK" SHOULDER OR ELBOW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER (Check each item)

WORN GLASSES	ATTEMPTED SUICIDE	BEEN PREGNANT	AGE AT ONSET OF MENSTRUATION
WORN AN ARTIFICIAL EYE	BEEN A SLEEP WALKER	HAD A VAGINAL DISCHARGE	INTERVAL BETWEEN PERIODS
WORN HEARING AIDS	LIVED WITH ANYONE WHO HAD TUBERCULOSIS	BEEN TREATED FOR A FEMALE DISORDER	DURATION OF PERIODS
STUTTERED OR STammered	COUGHED UP BLOOD	HAD PAINFUL MENSTRUATION	DATE OF LAST PERIOD
WORN A BRACE OR BACK SUPPORT	BLEED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	HAD IRREGULAR MENSTRUATION	QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY

23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?

24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS

25. WHAT IS YOUR USUAL OCCUPATION?

26. ARE YOU (Check one)

RIGHT HANDED  LEFT HANDED

ENCLOSURE

67-3181-1 - 1

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC. B. INABILITY TO PERFORM CERTAIN MOTIONS C. INABILITY TO ASSUME CERTAIN POSITIONS D. OTHER MEDICAL REASONS (If yes, give reasons)
		28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
		29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
		30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
		31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
		33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
✓		34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
✓		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
		36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
		37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
		38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability)
		39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

GEORGE H. SCATTERDAY

SIGNATURE

*George H. Scatterday*

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

None of the checked signs and symptoms are present at the time of this examination

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
Edward G. Briscoe (MC) USN	14 JULY 65	Edward G. Briscoe (MC) USN	2

**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

Name of Examinee  
(Type or print)

SCATTERDAY  
Last

GEORGE  
First

H.  
Middle

The following portions of the attached examination report form need not be completed:

2	14	68
3	17	69
4	62	72
9	65	76
11	67	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

**For All Examinees, Whether Clerical or Special Agent Applicants or Employees:**

*The medical examiner should answer the following question:*

Examinee  is  is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Male Employees and Male Applicants:**

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

No     Yes    If "yes" please specify defects. \_\_\_\_\_

\_\_\_\_\_

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

No     Yes    If "yes" please specify defects. \_\_\_\_\_

\_\_\_\_\_

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle?  Yes  No

If recommendation is based on a factor other than above standard, indicate basis \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*ENCLOSURE*

67-31811-57

*[Signature]*

**Desirable Weight Ranges for Males**

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is  small

medium

large **LARGE FRAME**

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight  Satisfactory  Excessive  Deficient

6. Under proper medical supervision, examinee should  lose \_\_\_\_\_ pounds

gain \_\_\_\_\_ pounds

Remarks: Patient is between medium & large frame.

*Edward G. Busch C.M.D. M.S.*  
(Signature of Medical Examiner)

14 July 65  
(Date)

UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. DeLoach *8/a*

FROM : M. A. Jones *2*

DATE: 11-29-65

SUBJECT: FBI BLOOD DONOR PROGRAM  
FBI AMERICAN LEGION POST NUMBER 56

Tolson  
Belmont  
Mohr  
DeLoach  
Casper  
Callahan  
Conrad  
Felt  
Gale  
Rosen  
Sullivan  
Tavel  
Trotter  
Tele. Room  
Holmes  
Gandy

As approved by the Director, members of FBI American Legion Post and numerous other Bureau employees donated blood last week specifically earmarked for United States Troops in Vietnam.

The program was a huge success and in three days alone last week, 188 members of the FBI American Legion Post and employees of the Bureau donated blood. In addition we have another 100 to 150 employees of the Identification Division who have indicated their intentions to donate blood for this purpose. It was originally set up that they would donate at a blood mobile in the Identification Building on Friday, November 26, 1965. Red Cross found it necessary, however, to cancel this blood mobile as they were unable to obtain the services of a physician as required. This blood mobile will be set up for the Identification Division as soon as possible.

The Bureau's program obtained considerable publicity. It was carried on both the AP and UP tickers and WTOP news carried it on television on the evening of November 24, 1965. ABC news also covered the donations on Friday, November 26th, and interviewed one of the Bureau's employees, SA George E Scatterday of the General Investigative Division while he was donating blood. ABC newsman Bob Clark indicated that the films of this program would probably be carried on a local news program and would also be furnished to all of their syndicated outlets.

The enthusiasm exhibited by Bureau employees in participating in this program truly typified the spirit of FBI employees and the feelings of most true Americans in regard to our men now serving in Vietnam. The Legion Post, in its drive, received considerable and outstanding assistance from [redacted] and Special Agent G. Maylon Miller in this program and their contributions contribute greatly to the success of the program.

RECOMMENDATION:

For information. DEC 13 1965

*3/1 KC XEROX* PK-BP-411-111-2  
Recommend that SAs Coll and Miller, as well as [redacted] be commended.

Mr. DeLoach  
Mr. Callahan  
TBC:jks (5)

Enclosures *1/2* Appropriate letters attached.

b6

RECEIPT FOR GOVERNMENT PROPERTY  
 FEDERAL BUREAU OF INVESTIGATION  
 UNITED STATES DEPARTMENT OF JUSTICE

Date 12/7/68

I certify that I have  received  returned the following Government property for official use:

✓ NEW TIME AND ATTENDANCE MANUAL # 303  
 11-16-65

✓ RETURNED

✓ OLD TIME AND ATTENDANCE MANUAL # 279 destroyed in Pro Section 12-8-68  
 8-1-60

READ
The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.
DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

FILE  
 Very truly yours,  
 (Signature) George H. Scatterday 31  
 (Typed name) George H. Scatterday

8 DEC 1968 | 67

6125 ib D-6

December 1, 1965

REC'D--READING ROOM  
F B I  
DEC 1 2 35 PM '65

Mr. George H. Scatterday  
1024 Grant Street  
Caldwell, Idaho

Dear Scatterday:

I am sorry that it is necessary for your Mother to be hospitalized, and want to express my concern and the hope that she is resting as comfortably as possible.

Let me urge you to take whatever time away from work that you find the circumstances require, and please extend my best wishes to her.

Sincerely,  
J. Edgar Hoover

MAILED 10  
DEC 1 1965  
COMM-FBI

1 - Mr. Rosen (Personal Attention)

MCF:pds  
(4) *ej*

Mr. Brown, of the General Investigative Division, telephonically advised the Leave Office on 12-1-65, that Mr. Scatterday's Mother was hospitalized after suffering a minor stroke on 11-25-65. On 11-29-65, the doctor advised that her condition had worsened, and employee left for the above address where he will be on leave indefinitely.

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Wick \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

Salutation obtained from Reading Room.

MAIL ROOM  TELETYPE UNIT

*John J. Jencks  
V. Certo*

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE9/9/65

I certify that I have ~~received~~ the following Government property for official use:  
returned.

## Monographs:

CP Line 1/61-6/61 #101 ✓  
CP Line 7/61-12/61 #100 ✓  
CP Line 7/63-12/63 #209 ✓  
CP Line 1/64-6/64 #209 ✓  
Funds and Foundations #17 ✓  
False Documents Used #16 ✓  
by Soviet-Bloc Agents  
Bibliography of Central #133 ✓  
Research Monographs

READ

The Government property which you hereby acknowledge  
is charged to you and you are responsible for taking care  
of it and returning it when its use has been completed.  
DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN  
ANY WAY

~~DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY~~

FILE

Very truly yours,

31 Web

(Signature)

(Typed name) George H. Scatterday

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

September 9, 1965

I certify that I have ~~received~~ the following Government property for official use:  
returned

Training Guide #1, Copy 764✓  
Training Guide #2 copy 43✓

READ

The Government property which you hereby acknowledge  
is charged to you and you are responsible for taking care  
of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN  
ANY WAY. RECORD AND

1 SEP 15 1965

37

Very truly yours, 31 WEC

(Signature)

(Typed name) George H. Scatterday

FILE

10

Mr. Tolson  
Mr. DeLoach  
Mr. Mohr  
Mr. Casper  
Mr. Callahan  
Mr. Conrad  
Mr. Felt  
Mr. Gale  
Mr. Resen  
Mr. Sullivan  
Mr. Tavel  
Mr. Trotter  
Mr. Wick  
Tele. Room  
Miss Holmes  
Miss Gandy

December 7, 1965

Honorable John Edgar Hoover  
Director  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Hoover:

This note is to express my appreciation for the excellent assistance I received last week from [redacted] [redacted] of the Administrative Division in connection with my mother's illness.

On the evening of November 29, I received a telephone call from my mother's doctor in Idaho advising of her serious condition and requesting I come to Idaho immediately. Although it was long after office hours, I called [redacted] at her home to ascertain if she could possibly assist me in obtaining plane reservations for my wife and me.

Within a few minutes she had made complete arrangements including confirming reservations for us to leave early on the morning of November 30, by United Airlines.

This is another example of the wonderful efficiency and spirit of helpfulness of the Bureau. Both [redacted] and the Bureau have my deepest gratitude.

Sincerely,

Sincerely,  
*George H. Scatterday*  
George H. Scatterday  
GENERAL INVESTIGATIVE DIV

## GENERAL volume 2

**GENERAL INVESTIGATIVE DIV**

ack 10-9-65  
RRB/lef

REC-144

318195-258

# THE PROCESSION.

DEC - 6 - 1965 34

EC-144

December 9, 1965

Mr. George H. Scatterday  
Federal Bureau of Investigation  
Washington, D. C.

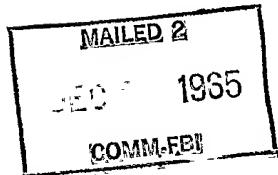
b6

Dear Scatterday:

I have received your letter of December 7th relative to the assistance rendered by [redacted] in securing plane reservations for your wife and you on the occasion of your mother's illness and want to thank you for your thoughtfulness in writing.

I am glad that she was able to be of help to you in time of need. You may be sure she appreciates, as I do, your generous comments.

Sincerely,



J. E. T. 1965

REC'D 11-29-66 SP  
B7  
APR 1 1967  
FBI - WASHINGTON, D.C.

- 6  
2 - Mr. Callahan - Enclosures (2)  
1 - D. C. Morrell - Enclosure  
1 - Personnel File of [redacted] - Enclosure

*Re P*  
Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Wick \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

NOTE: Special Agent Scatterday is Section Chief of the Name Check Section, General Investigative Division. Movement has been checked.

[redacted] is assigned to the Administrative Division in Mr. Callahan's Office.

RRB:kcf *b7f(7)*

MAIL ROOM  TELETYPE UNIT

*Mr. Tolson* ✓  
Mr. DeLoach  
Mohr ✓  
Mr. Casper  
Mr. Callahan ✓  
Mr. Conrad  
Mr. Felt  
Mr. Gale  
Mr. Rosen  
Mr. Sullivan  
Mr. Tavel  
Mr. Trotter  
Mr. Wick  
Tele. Room  
Miss Holmes  
Miss Gandy

December 14, 1965

Honorable John Edgar Hoover  
Director  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Hoover:

Your thoughtful note of December 1 in connection with my mother's illness was forwarded to me here in Washington as we returned before its receipt in Idaho.

I greatly appreciate your interest, and although her condition is extremely serious, I continue to hope for the best.

Thank you again for your concern.

Sincerely,

*George G. Scatterday*  
George G. Scatterday

SECTION CHIEF - NAME CHECK SECTION  
GENERAL INVESTIGATIVE DIVISION

67-3181-259  
Scanned  
REC-142

**EXP. PROG.**

DEC 14 1965 *34*

4 DFC 21 *26*

*3*  
*WEC*



**UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to  
File No.*

Director  
Federal Bureau of Investigation  
United States Department of Justice  
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

**EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU**

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <i>GEORGE H. SCATTERDAY</i>	<i>1/5/66</i>	<i>GEN. INV. DIV.</i>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
<i>MAE L. SCATTERDAY</i>	<i>WIFE</i>

Address

*5911 OSCEOLA RD. WASHINGTON, D.C. 20016*

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
<i>HELEN M. SCATTERDAY</i>	<i>MOTHER</i>

Address

*1024 GRANT ST. CALDWELL, IDAHO 83605*

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well?  Yes  No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
--	--------------

Address

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
---	--------------

Address

*Special Agent in Charge*

*J. Edgar Hoover, Director*

Very truly yours,

*George H. Scatterday*

Special Agent

*cc: [Signature]*

January 31, 1966

**Mr. George H. Scatterday**  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Scatterday:

It is a pleasure to commend you for the outstanding attitude you exhibited in reporting for duty today despite extremely hazardous travel conditions.

You demonstrated a sincere devotion to duty in considering your services so essential that in spite of an announcement that all Federal Government agencies would be closed you reported for duty. I do not want the opportunity to pass without advising you of my appreciation and that I have instructed that a copy of this letter be placed in your personnel file.

Sincerely yours,

J. Edgar Hoover

cc

February 9, 1966

Mr. Leonard P. Bienvenu  
Director of Security  
National Security Agency  
Fort George G. Meade, Maryland 20765

Dear Mr. Bienvenu:

On February 4th I was indeed pleased to receive your letter concerning the special tour of FBI Headquarters by individuals of the Evaluations Division of the Office of Security of your Agency.

I am glad that those in attendance enjoyed this opportunity to view our facilities, and you may be sure [redacted] and Messrs [redacted] and Scatterday were privileged to discuss our operations with your group. They join me in expressing thanks for the complimentary remarks you expressed.

My associates and I appreciate your generous offer to extend cooperation to us in matters of mutual interest.

Sincerely yours,

- 1 - Baltimore - Enclosure  
2 - Mr. Tavel - Enclosures (2)  
ATTENTION: [redacted]  
SA [redacted]
- 1 - Mr. Rosen - Enclosure  
ATTENTION: SA George H. Scatterday - Enclosure  
1 - Personnel File of [redacted] - Enclosure  
1 - Personnel File of Special Agent [redacted] - Enclosure  
① Personnel File of Special Agent George H. Scatterday - Enclosure

JRP:sz  
(10)

(SEE NOTE NEXT PAGE)

134

7-100 RECORDED

**Mr. Leonard P. Bienvenu**

NOTE: Bufiles contain no derogatory information concerning Mr. Bienvenu with whom we have enjoyed friendly relations and excellent liaison. He has been most cooperative to the Bureau in the past. [redacted] and SA [redacted] are assigned to the Files and Communications Division. SA Scatterday is assigned to the General Investigative Division.

b6



NATIONAL SECURITY AGENCY  
FORT GEORGE G. MEADE, MARYLAND 20763

24 January 1966

Honorable J. Edgar Hoover  
Director  
Federal Bureau of Investigation  
Department of Justice  
Washington, D. C. 20535

Dear Mr. Hoover:

On 13 January 1966, a prearranged tour of the Records Division, the Name Check Section and the Identification Division was taken by officials and members of the Evaluations Division of the Office of Security, NSA. The group of eight members was cordially welcomed by Assistant Director, William S. Tavel.

This group was then taken through the General Indices under the very capable guidance of Special Agent [redacted]. The nature of the duties of those taking the tour was given to Special Agent [redacted] and he responded in a very professional manner in directing our attention to the services offered by the Bureau and concentrated in areas of mutual interest.

The tour progressed to the File Review Unit and there briefed by [redacted] on the operations performed in connection with the processing of agency checks. In the Name Check Section, Mr. George H. Scatterday explained the functions and procedures of their organization. Questions were asked and clear and concise answers were obtained. Suggestions were offered in a very amicable manner which undoubtedly will promote a better understanding of problem areas and serve as a source of improvement to the operation of the Evaluations Division.

b6

Throughout the tour the efficiency of the Bureau was noted and admired and the caliber of the personnel is to be commended.

The Office of Security wishes to express its appreciation for the courtesy and for the opportunity to observe and discuss the many services offered by the Bureau with members of its excellent professional staff. In matters of mutual interest be assured of the full cooperation of this Office.

Sincerely,

*Leonard P. Bienvenu*  
LEONARD P. BIENVENU  
Director of Security

April 13, 1966



My dear [redacted]

b7D

I have received your letter of April 7th, and it was good of you to write relative to the assistance the FBI has been privileged to render you, and through you, [redacted]  
[redacted]

The splendid relationship which exists between [redacted] is most encouraging to me, and it is a pleasure to learn that we have been of help to you. You may be sure that my associates and I are glad to extend our cooperation, and we want you to know of our sincere appreciation for your kind remarks.

Sincerely yours,

- 1 - Ottawa - Enclosure
- 3 - Mr. Wick - Enclosures (3)
- 1 - Mr. DeLoach - Enclosure
- 2 - Mr. Sullivan - Enclosures (2)
- 4 - Mr. Rosen - Enclosures (4)
- 1 - Mr. Tavel - Enclosure
- 1 - Foreign Liaison Unit - Enclosure
- 1 - Personnel File - SA George H. Scatterday - Enclosure
- 1 - Personnel File - SA Jerome J. Daunt - Enclosure
- 1 - Personnel File - SA J. Wright Brown - Enclosure
- 1 - Personnel File - SA [redacted] - Enclosure
- 1 - Personnel File - SA [redacted] - Enclosure
- 1 - Personnel File - SA [redacted] - Enclosure

KLS:rks (22)

See Note Next Page.

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b7C

29  
CERTIFICATE YELLOW

Mr. W. G. Gordon

NOTE: See memorandum of D. J. Brennan, Jr. to Mr. W. G. Sullivan dated 3-16-66 cautioning [redacted]

[redacted] Special Agent Scatterday is Section Chief of the Name Check Section of the General Investigative Division and Special Agents Brown and [redacted] are assigned in that section. Special Agent Daunt is Section Chief of the Uniform Crime Reporting Section of the Crime Records Division and Special Agent [redacted] is assigned to that section. Special Agent [redacted] is assigned to the Domestic Intelligence Division.

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b7C  
b7D

Mr. DeLoach

4-7-66

Alex Rosen

CLEMENT L. MC GOWAN, JR.  
GEORGE H. SCATTERDAY  
REX I. SHRODER  
LEONARD M. WALTERS  
Section Chiefs  
General Investigative Division  
QUALITY SALARY INCREASES

There are attached proposed Outstanding performance ratings for captioned Section Chiefs. During the past year these men have performed continuing valuable services in behalf of the Bureau and I recommend these ratings be approved.

In addition, these men meet all of the qualifications to be considered for quality within-grade salary increases which I feel would be most appropriate for each of them.

If you approve, it is respectfully requested that you sign these ratings as the Reviewing Official. Thereafter, they should be forwarded to the Administrative Division for further processing.

## Enclosures

AF:crt

(5)

- 1 - Personnel File of George H. Scatterday
  - 1 - Personnel File of Rex I. Shroder
  - 1 - Personnel File of Leonard M. Walters

Mr. Mohr

4-7-66

N. P. Callahan

CLEMENT L. MC GOWAN, JR.  
Section Chief, GS 16, \$21, 653  
General Investigative Division

GEORGE H. SCATTERDAY  
Section Chief, GS 16, \$23, 687  
General Investigative Division

THOMAS J. MC ANDREWS  
Section Chief, GS 16, \$23, 687  
Special Investigative Division

#### OUTSTANDING ANNUAL PERFORMANCE RATINGS

There are attached for approval the annual performance reports for Messrs. McGowan, Scatterday and McAndrews in which their services have been rated Outstanding for the period 4-1-65 to 3-31-66. During the current rating period no administrative action was taken against them and Messrs. Scatterday and McAndrews were both commended on two occasions and received Quality Salary Increases in connection with their 1965 Outstanding performance reports. Mr. McGowan received two commendations and two incentive awards and was rated Excellent on his 1965 performance report. Their overtime has been satisfactory.

It is respectfully requested that these ratings be approved and that you, as the Director's Alternate on the Departmental Committee on Incentive Awards, sign both the original and the copy of each of them as the Approving Official. Thereafter, they will be transmitted to the Department with other Outstanding ratings for approval by the Departmental Committee on Incentive Awards. Messrs. McGowan, Scatterday and McAndrews will then be entitled to cash incentive awards in the amount of \$400 as has been approved in the past for those below the level of Assistant Director who are in Grade GS 16 or above or for a Quality Salary Increase of \$678 payable during a 52-week period. None of these men are at the top of their grades or in line for grade promotions thus the Quality Salary Increases would be more beneficial to them at this time.

#### Enclosures

LDH:jap (5)

1 - Miss Tibbetts

1 - Personnel File of George H. Scatterday

1 - Personnel File of Thomas J. McAndrews

Memorandum to Mr. Mohr  
Re: Clement L. McGowan, Jr.  
George H. Scatterday  
Thomas J. McAndrews - Outstanding Performance Ratings

RECOMMENDATION:

That you, as Approving Official, sign the original and the copy of each of the attached Outstanding performance ratings and upon approval of these ratings by the Department, Messrs. McGowan, Scatterday and McAndrews be furnished copies of their ratings and approved for Quality Salary Increases effective 5-8-66.

PERMANENT BRIEFS ATTACHED.

April 29, 1966

PERSONAL

Mr. George A. Butterday  
Federal Bureau of Investigation  
Washington, D. C.

Dear Butterday:

It affords me a great deal of pleasure to inform you that your services for the period from April 1, 1965, to March 31, 1966, have meritized an Outstanding performance rating, which has been approved by the Departmental Committee on Incentive Awards. There is enclosed a copy of this rating which you may retain.

I am also pleased to advise that I have approved a quality within-grade salary increase in Grade GS 15 for you from \$30,887 per annum to \$34,365 per annum, which will be effective May 5, 1966. You have clearly demonstrated your sincere devotion to the work of the Bureau and I want you to know of my appreciation.

Sincerely,

J. Edgar Hoover



Enclosure

67-318195-260  
REC-136

1 - Mr. Lassen (PERSONAL ATTENTION) Enclosures (2)

You should personally present this award but should this not be possible or should presentation be unreasonably delayed by your absence official setting for you should present it.

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Wick \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

1 - [Redacted]

1 - Movement

1 - [Redacted]

1 - Voucher - STATISTICAL SECTION (Sent Direct)

mw#(9)  MAIL ROOM  TELETYPE UNIT

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b7C

FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

## REPORT OF PERFORMANCE RATING

Name of Employee: GEORGE H. SCATTERDAYWhere Assigned: General Investigative \_\_\_\_\_ Name Check Section  
(Division) \_\_\_\_\_ (Section, Unit)Official Position Title and Grade: Special Agent (Section Chief) GS 16Rating Period: from April 1, 1965 to March 31, 1966ADJECTIVE RATING: OUTSTANDING \_\_\_\_\_ Employee's Initials  
*Outstanding, Excellent, Satisfactory, Unsatisfactory*

Rated by:	<u>Alex Shores</u> Signature	Assistant Director	4-1-66
Reviewed by:	<u>C. S. Lovell</u> Signature	Assistant to the Director	4-1-66
Rating Approved by:	<u>D. L. Shores</u> Signature	Assistant to the Director	4-1-66

## TYPE OF REPORT

310113-261

Official  
 Annual

REC-147

- |                          |                         |
|--------------------------|-------------------------|
| <input type="checkbox"/> | Administrative          |
| <input type="checkbox"/> | 60-Day                  |
| <input type="checkbox"/> | 90-Day                  |
| <input type="checkbox"/> | Transfer                |
| <input type="checkbox"/> | Separation from Service |
| <input type="checkbox"/> | Special                 |

16 MAY 6 19663-14

**PERFORMANCE RATING GUIDE  
FOR INVESTIGATIVE PERSONNEL**

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee George H. Scatterday

**RATING GUIDE AND CHECK-LIST**

**Note:** Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

**RATE ITEMS AS FOLLOWS:**

- + Outstanding (exceeding excellent and deserving of special commendation).
- E Excellent.
- ✓ Satisfactory (good or very good).
- Unsatisfactory.
- O No opportunity to appraise performance during rating period.

**Guide for determining adjective rating:**

1. "Outstanding" adjective rating requires (A) that all elements be + and (B) that each and every rated element be factually justified by narrative details, including reasons for considering each worthy of Special Commendation and be attached to FD-185a.
2. "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
- A. Any element rated "Unsatisfactory" must be supported by narrative comments.
- B. An official rating of "Unsatisfactory" must be supported in writing stating (1) wherein the performance is unsatisfactory, (2) the facts of the (90-day) prior warning, and (3) the efforts made after the warning to help the employee bring his performance up to a satisfactory level and must be attached to FD-185a.

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><u>+</u> (1) Personal appearance.</li> <li><u>+</u> (2) Personality and effectiveness of his personal contacts.</li> <li><u>+</u> (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load).</li> <li><u>+</u> (4) Physical fitness (including health, energy, stamina).</li> <li><u>+</u> (5) Resourcefulness and ingenuity.</li> <li><u>+</u> (6) Forcefulness and aggressiveness as required.</li> <li><u>+</u> (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.</li> <li><u>+</u> (8) Initiative and the taking of appropriate action on own responsibility.</li> <li><u>+</u> (9) Planning ability and its application to the work.</li> <li><u>+</u> (10) Accuracy and attention to pertinent detail.</li> <li><u>+</u> (11) Industry, including energetic, consistent application to duties.</li> <li><u>+</u> (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control.</li> <li><u>+</u> (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.</li> <li><u>+</u> (14) Investigative ability and results:           <ul style="list-style-type: none"> <li><u>+</u> (a) Internal security cases</li> <li><u>+</u> (b) Criminal or general investigative cases</li> <li><u>O</u> (c) Fugitive cases</li> <li><u>O</u> (d) Applicant cases</li> <li><u>O</u> (e) Accounting cases</li> </ul> </li> <li><u>O</u> (15) Physical surveillance ability.</li> </ul> | <ul style="list-style-type: none"> <li><u>+</u> (16) Firearms ability.</li> <li><u>O</u> (17) Development of informants and sources of information.</li> <li><u>+</u> (18) Reporting ability:           <ul style="list-style-type: none"> <li><u>O</u> (a) Investigative reports</li> <li><u>O</u> (b) Summary reports</li> <li><u>+</u> (c) Memos, letters, wires<br/>(Consider: <u>+</u> conciseness; <u>+</u> clarity; <u>+</u> organization; <u>+</u> thoroughness; <u>+</u> accuracy; <u>+</u> adequacy and pertinency of leads; <u>+</u> administrative detail.)</li> </ul> </li> <li><u>O</u> (19) Performance as a witness.</li> <li><u>+</u> (20) Executive ability:           <ul style="list-style-type: none"> <li><u>+</u> (a) Leadership</li> <li><u>+</u> (b) Ability to handle personnel</li> <li><u>+</u> (c) Planning</li> <li><u>+</u> (d) Making decisions</li> <li><u>+</u> (e) Assignment of work</li> <li><u>+</u> (f) Training subordinates</li> <li><u>+</u> (g) Devising procedures</li> <li><u>+</u> (h) Emotional stability</li> <li><u>+</u> (i) Promoting high morale</li> <li><u>+</u> (j) Getting results</li> </ul> </li> <li><u>O</u> (21) Ability on raids and dangerous assignments:           <ul style="list-style-type: none"> <li><u>O</u> (a) As leader</li> <li><u>O</u> (b) As participant</li> </ul> </li> <li><u>+</u> (22) Organizational interest, such as making of suggestions for improvement.</li> <li><u>+</u> (23) Ability to work under pressure.</li> <li><u>+</u> (24) Miscellaneous. Specify and rate:<br/><u>+</u> Dictation ability _____</li> </ul> |
|--|--|

- A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.): Section Chief

- B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker): Administrator

- C. (1) Is employee available for general assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)  
 (2) Is employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)

- D. 1. Has employee had an abnormal sick leave record during rating period? No 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? No (If answer to either question is "yes," explain in narrative comments.)
- E. Is employee qualified to operate a motor vehicle incidental to his official duties?  Yes  No  
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.  
 (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

ADJECTIVE RATING:

**OUTSTANDING**

Outstanding, Excellent, Satisfactory, Unsatisfactory

EMPLOYEE'S INITIALS \_\_\_\_\_

GEORGE H. SCATTERDAY  
SECTION CHIEF  
NAME CHECK SECTION  
GENERAL INVESTIGATIVE DIVISION

During the rating period April 1, 1965, to March 31, 1966, Mr. Scatterday has carried out his various responsibilities as Chief of the Name Check Section in an exceptionally fine manner and has earned recognition in the form of an Outstanding performance report.

Mr. Scatterday exercises a great deal of initiative and aggressiveness in directing the work of his section which includes name check requests from numerous Government agencies and the preparation of special memoranda for high Government officials such as the Attorney General and the President. In many instances due to the nature of the request such matters must be handled in the shortest possible time and with extreme care.

With a comprehensive understanding of what is required of one in his position and selfless in his determination to do a superior job, Mr. Scatterday has been particularly successful. The accomplishments of his section can be attributed in large measure to his expert guidance and the high morale he promotes among his subordinates. He makes a substantial appearance, has a congenial personality, and is enthusiastically interested in his work. His capable leadership is characterized by sincerity, dedication, stability, industry, and the ability to get definite results.

A successful career employee who has served the Bureau in investigative and administrative assignments since 1942, Mr. Scatterday has earned for himself this Outstanding rating.

George H. Scatterday  
Section Chief  
Name Check Section  
General Investigative Division  
Annual Performance Rating  
4/1/65 - 3/31/66

Mr. Scatterday is completely qualified and available for further administrative advancement; however, it is felt he is best serving the Bureau's needs in his present capacity.

FORM 3-542 (9-14-64) APPROVED COMP.  
GEN. U.S. 4-5-68 IN LIEU OF  
SF 1126

# FEDERAL BUREAU OF INVESTIGATION

NAME: LAST, FIRST, MIDDLE	SOCIAL SECURITY NUMBER

## NOTIFICATION OF BASIC CHANGE

CODE - NATURE OF ACTION		EFFECTIVE DATE	DATE OF LAST EQUIV. INCR.
<input type="checkbox"/>	892 - QUALITY INCREASE	<input type="checkbox"/>	896 - ADMIN. PAY INCREASE
<input type="checkbox"/>	893 - WITHIN GRADE INCREASE	<input type="checkbox"/>	897 - ADMIN. PAY DECREASE
<input type="checkbox"/>	894 - PAY ADJUSTMENT	<input type="checkbox"/>	OTHER (SPECIFY IN REMARKS)
GRADE OR LEVEL	STEP OR RATE	OLD SALARY	NEW SALARY

## DATA ON UNPAID ABSENCE

PERIOD(S)	TOTAL EXCESS	IN PAY STATUS AT END OF WAITING PERIOD	INITIALS
			37/SLW

- EMPLOYEE'S WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.  
 EMPLOYEE'S PERFORMANCE RATING IS SATISFACTORY OR BETTER.

REMARKS:

67-NOT RECORDED  
27 MAY 18 1966

J. Edgar Hoover

JOHN EDGAR HOOVER  
DIRECTOR

11  
(DATE)

PERSONNEL FILE COPY

Mr. Tolson	<input checked="" type="checkbox"/>
Mr. DeLoach	<input type="checkbox"/>
Mr. Mohr	<input checked="" type="checkbox"/>
Mr. Wick	<input type="checkbox"/>
Mr. Gasper	<input type="checkbox"/>
Mr. Callahan	<input checked="" type="checkbox"/>
Mr. Conrad	<input type="checkbox"/>
Mr. Felt	<input type="checkbox"/>
Mr. Gale	<input type="checkbox"/>
Mr. Rosen	<input type="checkbox"/>
Mr. Sullivan	<input type="checkbox"/>
Mr. Tavel	<input type="checkbox"/>
Mr. Trotter	<input type="checkbox"/>
Tele. Room	<input type="checkbox"/>
Miss Holmes	<input type="checkbox"/>
Miss Gandy	<input type="checkbox"/>

May 10, 1966

Dear Mr. Hoover:

*Mr. Scatterday*

Upon return from leave I received your letter advising me an Outstanding Performance Rating had been awarded me for the period ending March 31, 1966, and advising me of a Quality Within Grade raise. The raise is, of course, very much appreciated; however, it is the fact that my services merited an Outstanding rating which gives me the greatest pleasure and satisfaction.

I sincerely hope to continue to perform my duties in a manner which merits your approval and assure you I will do my very best.

Sincerely,

*George H. Scatterday*  
George H. Scatterday

Honorable John Edgar Hoover  
Director, Federal Bureau of Investigation  
Washington, D. C.

REC-135

67-318195-262
SEARCHED
INDEXED
SERIALIZED
FILED
1 MAY 12 1966

6 MAY 10 1966

3-108

6-2-66

PLAINTEXT

TELEGRAM

URGENT

MR. GEORGE H. SCATTERDAY  
DELIVER BY MESSENGER  
1024 GRANT STREET  
CALDWELL, IDAHO 83605

I WANT TO EXTEND MY SINCERE SYMPATHY TO YOU ON THE PASSING  
OF YOUR MOTHER. I DO HOPE YOU WILL GAIN SOME SOLACE FROM  
KNOWING THAT YOUR FRIENDS IN THE BUREAU ARE THINKING OF YOU,  
AND THAT WE ARE SHARING YOUR GRIEF.

JOHN EDGAR HOOVER

1 - Mr. Rosen (Personal Attention)

FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE  
COMMUNICATIONS SECTION

JUN 2 1966

WESTERN UNION

DLB  
(4)

REC

Mr. Scatterday's mother died today. He has been on leave for the past few days at the above address due to her illness. Flowers have been ordered in the name of J. Edgar Hoover and associates.

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Wick \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

INITIALED  
DIRECTOR'S OFFICE

MAIL ROOM  TELETYPE UNIT

FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE  
COMMUNICATIONS SECTION

JUN 2 1966

WESTERN UNION

PR W BIA031 XV (CC EW-1-3508)

WUX BI WASHINGTON DC 2 839 PMEDST

GEORGE H SCATTERDAY

DELIVER BY MESSENGER 1024 GRANT STREET CALDWELL IDAHO

I WANT TO EXTEND MY SINCERE SYMPATHY TO YOU ON THE PASSING  
OF YOUR MOTHER. I DO HOPE YOU WILL GAIN SOME SOLACE FROM  
KNOWING THAT YOUR FRIENDS IN THE BUREAU ARE THINKING OF YOU,  
AND THAT WE ARE SHARING YOUR GRIEF.

JOHN EDGAR HOOVER.

UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. Rosen

DATE: June 2, 1966

FROM : J. R. Malley

1 - Mr. Rosen

SUBJECT: G. H. SCATTERDAY (SH)  
LEAVE MATTERS

1 - Mr. Malley

1 - Mr. J. W. Brown

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Wick \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

Today SA Scatterday telephoned from Caldwell, Idaho, to which he was summoned last week due to the critical condition of his mother, aged 83. He advised her condition is still extremely critical, although she is temporarily very slightly improved.

The physician advised that her present condition could continue for some time or it could take a turn for the worse at any moment.

In view of this, SA Scatterday's plans to return are contingent on doctor's advice and Scatterday will advise of his future plans.

ACTION:

For information.

PAC:pah  
(4)

7/10 then did  
6-2-66  
legally  
re: death of  
Employer  
1/2/66

REC-133

7777795-263

11:15 AM 29/6/66

134  
JUN 18 1966

June 16, 1966

Mr. George H. Scatterday  
Federal Bureau of Investigation  
Washington, D. C.

Dear Scatterday:

I received your letter of June 13th and want to thank you for your thoughtfulness in writing and your kind sentiments.

You may be assured we willingly rendered whatever assistance we could in your bereavement in the hope of alleviating the heartbreak attendant upon the loss of your mother.

Sincerely,

J. Edgar Hoover

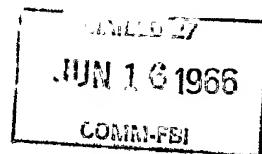
✓

2 - Butte - Enclosures (2)

1 - Personnel File of SA R. W. Christensen - Enclosure

NOTE: Mr. Scatterday's mother passed away on June 2nd and a message of condolence from the Director was sent to him on that date. Special Agent Christensen is assigned to the Butte Office.

DFC:rss (6)



Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Wick \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

MAIL ROOM  TELETYPE UNIT

16

Mr. Tolson	✓
Mr. DeLoach	✓
Mr. Mohr	✓
Mr. Wick	✓
Mr. Casper	✓
Mr. Callahan	✓
Mr. Conrad	✓
Mr. Felt	✓
Mr. Gale	✓
Mr. Rosen	✓
Mr. Sullivan	✓
Mr. Tavel	✓
Mr. Trotter	✓
Tele. Room	✓
Miss Holmes	✓
Miss Gandy	✓

June 13, 1966

Honorable John Edgar Hoover  
Director  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Hoover:

Your thoughtfulness in connection with the recent passing of my mother is sincerely appreciated and your telegram and beautiful flowers helped a great deal.

I am also deeply grateful for the assistance rendered by Special Agent in Charge Robert W. Evans of the Butterfield Division and Special Agent R. W. Christensen of the Boise, Idaho, Resident Agency. Both of these individuals were of tremendous help and offered every assistance.

My father-in-law, who is here in Washington, also requested me to express his sincere appreciation for the consideration shown to him.

REC-135

2 JUN 20 66

Thank you again.

Sincerely yours,

*George H. Scatterday*  
George H. Scatterday  
General Investigative  
Division

ACK 6-16-66

DFC:mes

NML

3pm

EX-1 PROC.

32 JUN 13 1966

June 22, 1966

PERSONAL

Dear Scatterday:

You are celebrating your Twenty-fourth Anniversary in the Bureau, and I did want to extend my best wishes to you for the occasion. Congratulations and I hope the Bureau will have the benefit of your fine services for many years to come.

Sincerely,

J. EDGAR HOOVER

REC-138  
Mr. George H. Scatterday  
Federal Bureau of Investigation  
Washington, D. C.

6/22/66 2:65  
6/22/66 1:11

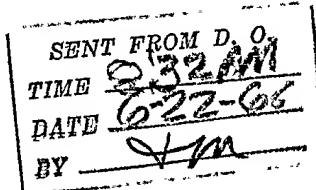
Anniversary 6/22 - Wednesday

JEH:edm (3)

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Wick \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

JK

MAIL ROOM  TELETYPE UNIT



Mr. Tolson	.....
Mr. DeLoach	.....
Mr. Mohr	.....
Mr. Nick	.....
Mr. K. A. per	.....
Mr. Callahan	.....
Mr. Conrad	.....
Mr. Felt	.....
Mr. Gale	.....
Mr. Rosen	.....
Mr. Sullivan	.....
Mr. Tavel	.....
Mr. Trotter	.....
Tele. Room	.....
Miss Holmes	.....
Miss Gandy	.....

June 23, 1966

Honorable John Edgar Hoover  
Director  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Hoover:

Thank you very much for your letter of June 22, 1966, congratulating me on my Twenty-fourth Anniversary in the Bureau.

Your comments and thoughtfulness in remembering my anniversary are deeply appreciated.

Sincerely,

*George H. Scatterday*  
George H. Scatterday  
CHIEF, NAME CHECK SECTION  
GENERAL INVESTIGATIVE DIVISION

REC-101

318195-266

6 JUN 24 1966 71

EXP. PROC.

JUN 23 1966 22 V2  
MAY 24 1966

DO-6

OFFICE OF DIRECTOR  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

June 9, 1966

The attached note was sent to the Director by SA George H. Scatterday, Section Chief, General Investigative Division.

crt

MR. TOLSON ✓  
MR. DELOACH \_\_\_\_\_  
MR. MOHR ✓  
MR. WICK ✓  
MR. CASPER ✓  
MR. CALLAHAN ✓  
MR. CONRAD ✓  
MR. FELT ✓  
MR. GALE ✓  
MR. ROSEN ✓  
MR. SULLIVAN ✓  
MR. TAVEL ✓  
MR. TROTTER ✓  
MR. JONES ✓  
TELE. ROOM \_\_\_\_\_  
MISS HOLMES \_\_\_\_\_  
MRS. METCALF ✓  
MISS GANDY ✓

*[Handwritten signatures and initials follow the list of names]*

Your kind expression of sympathy to us  
in the passing of our mother

Helen Scouller Scatterday

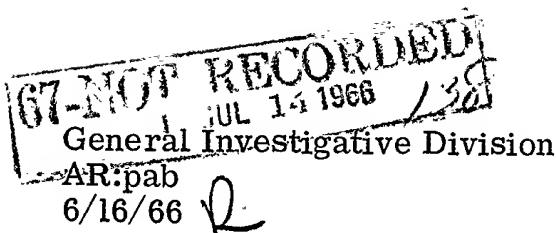
was deeply appreciated

Mae and George Scatterday

Name: George H. Scatterday Title: Section Chief  
EOD: June 22, 1942 Grade: GS-16  
Nonveteran Salary: \$24,365  
Not on probation

ASSISTANT DIRECTOR ROSEN: Mr. Scatterday has been Section Chief of the Name Check Section, General Investigative Division, since October of 1958. He has taken over the desk of the Number One Man of the division during his absence on a number of occasions and has performed these duties in an extremely capable manner. Mr. Scatterday presents a mature, very neat personal appearance and is a very enthusiastic and capable administrator that has the ability to obtain the fullest performance from the employees associated with him. He received an Outstanding efficiency report from the period 4-1-65 to 3-31-66 and in recognition of his exceptional performance was awarded a quality within grade salary increase. He is thoroughly qualified in his present position and should be continued in an administrative capacity.

See Inspector's Comments Page 2.  
Rating: Excellent



INSPECTOR H. L. EDWARDS:  
(L.A. Giovanetti:bhg, 7/1/66)

*7/16*  
cerning Mr. Scatterday. He is a thoroughly knowledgeable Bureau employee who is able to impart the benefits of his long experience to his subordinates and at the same time maintain morale at an optimum level. He exemplifies the "firm but fair" policy in all dealings with his section. He is considered exceptionally well qualified to be retained in his present position.

Inspector concurs with  
Assistant Director Rosen's  
over-all comments con-

*HLE/mw*

July 19, 1966

JUL 19 1966  
REC'D--READING ROOM  
FBI

Mr. George H. Scatterday  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Scatterday:

It is a pleasure to commend you and, through you, the personnel in the Name Check Section for the excellent results realized in this important work during the past fiscal year.

Everyone carried out his responsibilities with exemplary enthusiasm, competence and tenacity, thus contributing materially to the noteworthy accomplishments. I was pleased with your fine over-all supervision and want to thank you. Please convey my appreciation to those in your section who contributed to this splendid record.

Sincerely yours,

J. Edgar Hoover

1 - Mr. Rosen (Personal Attention)

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Wick \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

1 - Miss Usilton (Sent Direct)

KEC:eaj

(5)

67-318195

Based on memo Rosen-DeLoach 7-14-66 re: Accomplishments  
General Investigative Division, Fiscal Year 1966.

MAIL ROOM  TELETYPE UNIT



**MEASUREMENTS AND OTHER FINDINGS**

51. HEIGHT 71 1/2"	52. WEIGHT 177	53. COLOR HAIR Brown	54. COLOR EYES Green	55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE	56. TEMPERATURE
-----------------------	-------------------	-------------------------	-------------------------	--	-----------------

57. BLOOD PRESSURE (Arm at heart level)				58. PULSE (Arm at heart level)			
A. SITTING DIAS.	SYS. 124 DIAS. 72	B. RECUM-BENT DIAS.	C. STANDING (3 min.) DIAS.	A. SITTING	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT E. AFTER STANDING 3 MIN.

59. DISTANT VISION RIGHT 20/ LEFT 20/	60. REFRACTION BY S. OX	61. NEAR VISION CORR. TO .25 BY lens
25 CORR. TO 20/ 40 CORR. TO 20/	BY S. OX	BLOWSIC BY .25 lens

62. HETEROPHORIA (Specify distance)	ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT	PC	PD
-------------------------------------	-----	-----	-------	-------	------------	-------------------	----	----

63. ACCOMMODATION RIGHT LEFT	64. COLOR VISION (Test used and result) P 1 P 15/15	65. DEPTH PERCEPTION (Test used and score)	UNCORRECTED
			CORRECTED

66. FIELD OF VISION	67. NIGHT VISION (Test used and score)	68. RED LENS TEST	69. INTRAOULAR TENSION
---------------------	--	-------------------	------------------------

70. HEARING	71. AUDIOMETER	72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)
RIGHT WV /15 SV /15	250 500 1000 2000 3000 4000 6000 8000 RIGHT 10 5 5 5 5 15 / 10 LEFT 5 5 5 10 20 30 / 20	
LEFT WV /15 SV /15		

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

1) Headache episodes - Not diagnosed - NCD  
Otherwise unk.

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

Skull Survey; Neurology Consult if indicated

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (Check)

- A.  IS QUALIFIED FOR  
B.  IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

*Richard A. Petrie*

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

7-13-66

Mr. Scatterday:

Please advise this Unit if your  
vision has been corrected to 20/20.  
Thank you.

7/19/66  
will advise as soon  
as I hear from you  
Mr. [initials]

Physical Unit  
4541

# REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

50-108

**F.B.I.**  
50-108

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>SCATTERDAY, GEORGE HAYES</b>		2. GRADE AND COMPONENT OR POSITION <b>SPECIAL AGENT</b>		3. IDENTIFICATION <b>56-721-66</b>	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) <b>1223/09 CALDWELL, IDAHO</b>		5. PURPOSE OF EXAMINATION <b>ANNUAL</b>		6. DATE OF EXAMINATION <b>5/21/66</b>	
7. SEX <b>M</b>	8. <b> </b>	9. TOTAL YEARS GOVERNMENT SERVICE <b>MILITARY CIVILIAN</b>	10. AGENCY	11. ORGANIZATION UNIT	
12. DATE OF BIRTH <b>12/23/09</b>	13. PLACE OF BIRTH <b>CALDWELL, IDAHO</b>	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN			
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS		16. OTHER INFORMATION			

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

**Good**

18. FAMILY HISTORY				19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:				
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER			<b>STROKE</b>	<b>65</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD TUBERCULOSIS	
MOTHER	<b>83</b>	<b>VERY POOR</b>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD SYPHILIS	
SPouse	<b>56</b>	<b>GOOD</b>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HAD DIABETES	
BROTHERS AND SISTERS					<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD CANCER	<b>DAUGHTER</b>
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD KIDNEY TROUBLE	
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD HEART TROUBLE	<b>MOTHER</b>
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD STOMACH TROUBLE	
CHILDREN					<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD RHEUMATISM (Arthritis)	
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD ASTHMA, HAY FEVER, HIVES	
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD EPILEPSY (Fits)	
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	COMMITTED SUICIDE	
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)

YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SCARLET FEVER, ERYsipelas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GOITER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TUMOR, GROWTH, CYST, CANCER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"TRICK" OR LOCKED KNEE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DIPHTHERIA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TUBERCULOSIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RUPTURE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FOOT TROUBLE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	RHEUMATIC FEVER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APPENDICITIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NEURITIS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ASTHMA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PILES OR RECTAL DISEASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PARALYSIS (Inc. infantile)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	MUMPS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SHORTNESS OF BREATH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR PAINFUL URINATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EPILEPSY OR FITS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	WHOOPING COUGH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	KIDNEY STONE OR BLOOD IN URINE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAR, TRAIN, SEA, OR AIR SICKNESS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CHRONIC COUGH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUGAR OR ALBUMIN IN URINE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT TROUBLE SLEEPING
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DISSINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BOILS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR TERRIFYING NIGHTMARES
<input checked="" type="checkbox"/>	<input type="checkbox"/>	EYE TROUBLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VENEREAL DISEASE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DEPRESSION OR EXCESSIVE WORRY
<input checked="" type="checkbox"/>	<input type="checkbox"/>	EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RECENT GAIN OR LOSS OF WEIGHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOSS OF MEMORY OR AMNESIA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	RUNNING EARS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT INDIGESTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ARTHRITIS OR RHEUMATISM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BED WETTING
<input checked="" type="checkbox"/>	<input type="checkbox"/>	CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	STOMACH, LIVER OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BONE, JOINT, OR OTHER DEFORMITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NERVOUS TROUBLE OF ANY SORT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LAMENESS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ANY DRUG OR NARCOTIC HABIT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SINUSITIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	JAUNDICE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOSS OF ARM, LEG, FINGER, OR TOE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EXCESSIVE DRINKING HABIT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAY FEVER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ANY REACTION TO SERUM, DRUG OR MEDICINE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PAINFUL OR "TRICK" SHOULDER OR ELBOW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER (Check each item)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	WORN GLASSES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ATTEMPTED SUICIDE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BEEN PREGNANT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AGE AT ONSET OF MENSTRUATION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BEEN A SLEEP WALKER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD A VAGINAL DISCHARGE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	INTERVAL BETWEEN PERIODS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	WORN HEARING AIDS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BEEN TREATED FOR A FEMALE DISORDER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DURATION OF PERIODS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	COUGHED UP BLOOD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD PAINFUL MENSTRUATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DATE OF LAST PERIOD
<input checked="" type="checkbox"/>	<input type="checkbox"/>	WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BLEED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAD IRREGULAR MENSTRUATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY

23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?

24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS

25. WHAT IS YOUR USUAL OCCUPATION?

26. ARE YOU (Check one)

RIGHT HANDED  LEFT HANDED

ENCLOSURE

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC. B. INABILITY TO PERFORM CERTAIN MOTIONS C. INABILITY TO ASSUME CERTAIN POSITIONS D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
	<input checked="" type="checkbox"/>	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	<input checked="" type="checkbox"/>	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	<input checked="" type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.  
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

SIGNATURE

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

# 20. Headaches- occasional occipital when coughing, sneezing or bending - N.C.D  
(U.C.H.D - N.C.D); joint diseases - N.C.D.

# 32, 34, 35. - N.C.D.

TYPED, OR PRINTED NAME OF PHYSICIAN OR EXAMINEE	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
	6-21-66	Richard C. Petrie	1

PATIENT'S LAST NAME FIRST NAME MIDDLE NAME

REGISTER NO.

WARD NO. T-17

FBI

~~STAFF CLINIC~~

Scatterday, George Hayes

7 $\frac{1}{2}$ ' 178

(Above space for mechanical imprinting, if used)

AGE

SEX

(Check one)

56 M

BEDSIDE, WHEELCHAIR,

BED  
OR STRETCHER

PATIENT

AMBULATORY

EXAMINATION REQUESTED

REQUESTED BY

DATE OF REQUEST

6-21-66

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

FILM NO.

16240-64

DATE OF REPORT

21 Jun 66

RADIOGRAPHIC REPORT

A single PA chest shows the lung markings to be accentuated bilaterally, however, there is no evidence of active disease in the chest at this time.

R. R. DUHAMEL

LCDRMC USN

T-17

16802-65

(B1)

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 519A (Rev. Aug. 1954)

Promulgated by Bureau of the Budget

Circular A 32 (Rev.)

RADIOGRAPHIC REPORT

519-205

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

PATIENT'S LAST NAME — FIRST NAME — MIDDLE NAME

REGISTER NO.

WARD NO.

Scatterday, George H.

FBI

Board T-17

AGE	SEX	(Check one)
56	M	<input type="checkbox"/> BEDSIDE, WHEELCHAIR, <input type="checkbox"/> OR STRETCHER <input checked="" type="checkbox"/> BED PATIENT <input checked="" type="checkbox"/> AMBULATORY

EXAMINATION REQUESTED

Skull Series.

REQUESTED BY *Petrie*DATE OF REQUEST  
6-21-66

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

Persistent intermittent occipital headaches. - Px cont.

FILM NO.

16240 - 66

DATE OF REPORT

6-29-66

RADIOGRAPHIC REPORT

SKULL SERIES demonstrates the cranial bones to be intact and symmetrical and the sella turcica and clinoids to be normal. The pineal gland is calcified and is normal position.

IMPRESSION: Normal skull series.

*F. J. MAHER*  
FCDR MC USN

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 519-A (Rev. Aug. 1954)—  
Promulgated by Bureau of the Budget  
Circular A-32 (Rev.)

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

RADIOGRAPHIC REPORT

519-205

**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

Name of Examinee Scatterday, G. H.  
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	14	68
3	17	69
4	62	72
9	65	76
11	67	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

**For All Examinees, Whether Clerical or Special Agent Applicants or Employees:**

*The medical examiner should answer the following question:*

Examinee  is  is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Male Employees and Male Applicants:**

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

No  Yes If "yes" please specify defects. \_\_\_\_\_

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

No  Yes If "yes" please specify defects. \_\_\_\_\_

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle?  Yes  No If recommendation is based on a factor other than above standard, indicate basis \_\_\_\_\_

*W.M.L.*

*J.W.B.*

REC'D - 7/13/68

JUL 13 | 64 | 1968

## Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is  small  medium  large5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight  Satisfactory  Excessive  Deficient6. Under proper medical supervision, examinee should  lose \_\_\_\_\_ pounds gain \_\_\_\_\_ pounds

Remarks: \_\_\_\_\_

Richard A. Petrie

(Signature of Medical Examiner)

6-21-68

(Date)

UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. Rosen

FROM : G. H. Scatterday

SUBJECT: SA GEORGE H. SCATTERDAY  
ANNUAL PHYSICAL EXAM - VISION

DATE: 7/20/66

1 - Mr. Rosen  
1 - Mr. Scatterday  
1 - Health Unit

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Wick \_\_\_\_\_  
Casper, \_\_\_\_\_  
Gulledge \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

In connection with my annual physical examination at the National Naval Medical Center, I was advised that my near-vision was 20:25 and the Health Unit requested to be advised when my vision was corrected to 20:20.

I was advised this date by Dr. Michael Kennedy my vision has been corrected to 20:20.

RECOMMENDATION:

That this memorandum be forwarded to the Health Unit.

GHS:clo  
(4)

7/20/66 1-313145-269  
REC-130 4 JUL 1966  
3/JG

141

Mr. Tolson
Mr. McLean
Mr. Mohr
Mr. Wick
Mr. Casper
Mr. Callahan
Mr. Conrad
Mr. Felt
Mr. Gale
Mr. Rosen
Mr. Sullivan
Mr. Tavel
Mr. Trotter
Tele. Room
Miss Holmes
Miss Gandy

*Dr. J. E. Scattery*

July 21, 1966

Honorable J. Edgar Hoover  
 Director  
 Federal Bureau of Investigation  
 Washington, D. C.

Dear Mr. Hoover,

On behalf of the employees of the Name Check Section, General Investigative Division, I would like to express our deep appreciation for your letter of July 19, commending us for the results realized by the Section during the past fiscal year.

I can assure you that we will all continue to do our very best.

Sincerely yours,

*George H. Scatterday*  
 George H. Scatterday

REC-130

67-31415-270  
 JUL 23 1966  
 A JUL 23 1966

JUL 23 1966  
 65

*RECORDED*

March 30, 1967

Mr. Eartley A. Fugler  
Director  
Headquarters Security Division  
National Aeronautics and Space Administration  
Washington, D. C. 20546

Dear Mr. Fugler:

I have received your letter of March 27th and want to thank you for your favorable comments regarding the assistance rendered by my associates during the recent investigation conducted by the National Aeronautics and Space Administration.

I am pleased to learn that our efforts were of help to you in completing your investigation, and they join me in expressing appreciation for your generous appraisal of their work.

DUPLICATE YELLOW

Sincerely yours,

- 1 - Mr. Wick
- 1 - Mr. DeLoach
- 1 - Mr. Rosen - Enclosure  
Personal Attention: Bring to the attention of SAs George H. Scatterday and [redacted]
- 1 - Mr. Trotter - Enclosure  
Personal Attention: Bring to the attention of [redacted]
- ① - Personnel File of SA [redacted] - Enclosure
- 1 - Personnel File of [redacted] - Enclosure
- 1 - Personnel File of [redacted] - Enclosure
- 1 - Personnel File of [redacted] - Enclosure

b6

NOTE: Bufiles contain no derogatory information concerning Fugler. He has previously expressed appreciation for similar assistance. SAs Scatterday and [redacted] are assigned to the General Investigative Division and [redacted] is assigned to the Identification Division.

57-NOT RPTD (9) JBT:jas (9)

V



NATIONAL AERONAUTICS AND SPACE ADMINISTRATION  
WASHINGTON, D.C. 20546

IN REPLY REFER TO: DHZ/VRL:SVR

MAR 27 1967

The Honorable  
J. Edgar Hoover  
Director  
Federal Bureau of Investigation  
Washington, D.C., 20535

Dear Mr. Hoover:

Recently we at NASA embarked on a very difficult investigative undertaking of high priority and urgency. Part of that effort involved the investigation of one hundred ten persons within a very short deadline.

We were able to meet the deadline primarily through the outstanding work of the FBI. Even though we asked for information from the Bureau's files on an unusually large number of persons - frequently with little identifying information - the Bureau's response was truly remarkable. In every case, we received the Bureau's information in the same day it was requested.

While we hope we will never be required to repeat an effort of this kind on such short notice, it is indeed gratifying to know that your organization responds so quickly and positively in such an emergency.

Most particularly, I wish to take this opportunity to express my deepest gratitude to the very fine people in your liaison section, Messrs. George Scatterday and [redacted]

as well as all the numerous others who must have worked very hard in the myriad operations entailed in producing file information.

Very Sincerely,

*Bartley A. Fugler*  
Bartley A. Fugler, Director  
Headquarters Security Division

10 MAR 28 1967

*Keep Freedom in Your Future With U.S. Savings Bonds*



**UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to  
File No.*

Director  
Federal Bureau of Investigation  
United States Department of Justice  
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

**EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU**

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA GEORGE H. SCATTERDAY	3/6/67	SOG - GEN. INV.DIV.
The following person is designated as my beneficiary for Special Agents Insurance Fund:		
Name (primary beneficiary; use given first name if female)	Relationship	
MAE L. SCATTERDAY	WIFE	
Address		
5911 OSCEOLA RD. WASHINGTON, D.C. 20016		
Name (contingent beneficiary, if desired; use given first name if female)	Relationship	
MRS. BROWNLEY L. BAKER	SISTER IN LAW	
Address		
1618 ABINGDON DR. ALEXANDRIA, VIRGINIA		

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well?  Yes  No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
Address	
Name (contingent beneficiary, if desired; use given first name if female)	Relationship
Address	

Very truly yours,

*George H. Scatterday*  
Special Agent

148

Recd



**UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION**

**In Reply, Please Refer to  
File No.**

Director  
Federal Bureau of Investigation  
United States Department of Justice  
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

**EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU**

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>GEORGE H. SCATTERDAY</u>	<u>9/30/66</u>	<u>SOG - GEN. Inv. Div.</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
<u>MAE L. SCATTERDAY</u>	<u>WIFE</u>

Address

5911 OSCEOLA RD. WASHINGTON, D.C. 20016

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
<u>BROWNLEY L. BAKER</u>	<u>SISTER-IN-LAW</u>

Address

1618 ABINGDON DR. ALEXANDRIA, VIRGINIA 22314

Do you desire to designate the above listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well?  Yes  No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship

Address

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address

Very truly yours,

George H. Scatterday  
Special Agent

FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

## REPORT OF PERFORMANCE RATING

Name of Employee: George H. ScatterdayWhere Assigned: General Investigative Div. Name Check Section  
(Division) (Section; Unit)Official Position Title and Grade: Special Agent (Section Chief) GS-16Rating Period: from April 1, 1966 to March 31, 1967ADJECTIVE RATING: OUTSTANDING Employee's Initials  
*Outstanding, Excellent, Satisfactory, Unsatisfactory*Rated by: G. Rosen Assistant Director 4/3/67  
Signature Title DateReviewed by: C. J. Flood Assistant to the Director 4/3/67  
Signature Title DateRating Approved by: J. Brasher Assistant to the Director 4/3/67  
Signature Title DateREC-131 67-318795-271

## TYPE OF REPORT

 Official  
 Annual Administrative  
 60-Day  
 90-Day  
 Transfer  
 Separation from Service  
 Special

MAY 9 1967

31P

## PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

*(For use as attachment to Performance Rating Form No. FD-185)*

Name of Employee George H. Scatterday

### RATING GUIDE AND CHECK-LIST

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

RATE ITEMS AS FOLLOWS:

- Outstanding (exceeding excellent and deserving of special commendation).
- Excellent.
- Satisfactory (good or very good).
- Unsatisfactory.
- No opportunity to appraise performance during rating period.

Guide for determining adjective rating:

1. "Outstanding" adjective rating requires (A) that all elements be + and (B) that each and every rated element be factually justified by narrative details, including reasons for considering each worthy of Special Commendation and be attached to FD-185a.
2. "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
- A. Any element rated "Unsatisfactory" must be supported by narrative comments.
- B. An official rating of "Unsatisfactory" must be supported in writing stating (1) wherein the performance is unsatisfactory, (2) the facts of the (90-day) prior warning, and (3) the efforts made after the warning to help the employee bring his performance up to a satisfactory level and must be attached to FD-185a.

- (1) Personal appearance.
- (2) Personality and effectiveness of his personal contacts.
- (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load).
- (4) Physical fitness (including health, energy, stamina).
- (5) Resourcefulness and ingenuity.
- (6) Forcefulness and aggressiveness as required.
- (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
- (8) Initiative and the taking of appropriate action on own responsibility.
- (9) Planning ability and its application to the work.
- (10) Accuracy and attention to pertinent detail.
- (11) Industry, including energetic, consistent application to duties.
- (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control.
- (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
- (14) Investigative ability and results:
  - (a) Internal security cases
  - (b) Criminal or general investigative cases
  - (c) Fugitive cases
  - (d) Applicant cases
  - (e) Accounting cases
- (15) Physical surveillance ability.

- (16) Firearms ability.
- (17) Development of informants and sources of information.
- (18) Reporting ability:
  - (a) Investigative reports
  - (b) Summary reports
  - (c) Memos, letters, wires  
(Consider:  conciseness;  clarity;  organization;  thoroughness;  accuracy;  adequacy and pertinency of leads;  administrative detail.)
- (19) Performance as a witness.
- (20) Executive ability:
  - (a) Leadership
  - (b) Ability to handle personnel
  - (c) Planning
  - (d) Making decisions
  - (e) Assignment of work
  - (f) Training subordinates
  - (g) Devising procedures
  - (h) Emotional stability
  - (i) Promoting high morale
  - (j) Getting results
- (21) Ability on raids and dangerous assignments:
  - (a) As leader
  - (b) As participant
- (22) Organizational interest, such as making of suggestions for improvement.
- (23) Ability to work under pressure.
- (24) Miscellaneous. Specify and rate:  
 Dictation ability

A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.): Section Chief

B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker): Administrator

- C. (1) Is employee available for general assignment wherever needs of service require?  Yes (If answer is not "yes," explain in narrative comments.)
- (2) Is employee available for special assignment wherever needs of service require?  Yes (If answer is not "yes," explain in narrative comments.)
- D. 1. Has employee had an abnormal sick leave record during rating period?  Yes 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period?  Yes (If answer to either question is "yes," explain in narrative comments.)
- E. Is employee qualified to operate a motor vehicle incidental to his official duties?  Yes  No  
If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.  
(b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

ADJECTIVE RATING:

**OUTSTANDING**

Outstanding, Excellent, Satisfactory, Unsatisfactory

EMPLOYEE'S INITIALS \_\_\_\_\_

GEORGE H. SCATTERDAY  
SECTION CHIEF  
NAME CHECK SECTION  
GENERAL INVESTIGATIVE DIVISION

During the rating period April 1, 1966, to March 31, 1967, Mr. Scatterday has continued in his capacity as Section Chief of the Name Check Section and in this capacity has handled his responsibilities in an extremely capable manner and has earned recognition in the form of an Outstanding performance report.

The work in the Name Check Section consists of handling name check requests from various Government agencies and the preparation of special memoranda for high Government officials, such as the Attorney General and the President. Due to the type of requests received, these matters must be handled in many instances in the shortest possible time and with extreme care.

Mr. Scatterday, in directing the work of his section, has demonstrated a great deal of initiative and aggressiveness and has encouraged employees in the section to the utmost in making suggestions and has given due consideration to streamlining the work of the section to the fullest extent. During the rating period the work of the section has increased tremendously. The accomplishments and smooth running of the section are attributed to a great extent to the expert guidance and the high morale Mr. Scatterday promotes among his subordinates. He has an outstanding knowledge of his position and has shown great determination to perform in an efficient manner.

In addition to the above, Mr. Scatterday has filled in on a number of occasions on the desk of the Number One Man of the Division and has handled this work in a very outstanding manner.

During this rating period Mr. Scatterday, as Section Chief, was commended along with his employees for the excellent results realized by the Name Check Section for the fiscal year 1966.

Mr. Scatterday has a very fine personality, is genuinely interested in his work, makes a very fine personal appearance, and his leadership is characterized by his ability to obtain results. He has earned for himself this Outstanding rating based on his over-all performance during the past year.

George H. Scatterday  
Section Chief  
Name Check Section  
General Investigative Division  
Annual Performance Rating  
4/1/66 - 3/31/67

Mr. Scatterday is completely qualified and available for further administrative advancement; however, it is felt he is best serving the Bureau's needs in his present capacity.

It is noted Mr. Scatterday used 152 hours of sick leave. Ninety-six hours of this amount was due to recurring headaches; 32 hours due to a virus; and the remainder for doctor, dental and optical appointments. In view of the nature of the above sick leave, this is not considered unreasonable.

April 27, 1967

INTERVIEW

**Mr. George E. Scatterday  
Federal Bureau of Investigation  
Washington, D. C.**

Deep Learning

It is a pleasure to advise you that the exceptional manner in which you discharged your responsibilities for the period April 1, 1966, to March 31, 1967, has earned you an Outstanding performance rating. A copy of this rating, which has been approved by the Departmental Committee on Incentive Awards, is enclosed and may be retained.

Such a fine accomplishment should not go unrewarded. Therefore, I have approved a quality within-grade salary increase for you from \$24,765 per annum to \$25,495 per annum in Grade GS 10, effective May 7, 1987. I have been pleased with your outstanding services and I do not want the opportunity to pass without expressing my appreciation.

REC-139

卷之六

**B. Edgar Hoover**

## **ACKNOWLEDGEMENTS**

1 - Mr. Rosen (PERSONAL ATTENTION) Enclosures (2)

You should personally present this award but should this not be possible or should presentation be unreasonably delayed by your absence official acting for you should present it.

## 1 - Movement

11

1957

1

1

1

1

1

**I - Voucher - Settlement Section (Sent Direct)**

*sab* sab\* (9)

*W.M.*

Mr. Tolson	_____
Mr. D. Loach	_____
Mr. [initials]	_____
Mr. Tavel	_____
Mr. Cooper	_____
Mr. O'Farlan	_____
Mr. Conrad	_____
Mr. Felt	_____
Mr. Gale	_____
Mr. Rosen	_____
Mr. Sullivan	_____
Mr. Tavel	_____
Tele. Room	_____
Miss Holmes	_____
Miss Gandy	_____
_____	
_____	

April 27, 1967

Honorable John Edgar Hoover  
Director  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Hoover:

I would like to express my deep appreciation for your letter of April 27, 1967, advising me that I had been given an outstanding performance rating for the period of April 1, 1966, to March 31, 1967, and advising me of my within grade raise in connection therewith.

This letter will be my assurance to you that I will continue to do everything I possibly can to discharge my responsibilities to the very best of my ability.

Sincerely yours,

*George H. Scatterday*  
George H. Scatterday

REC-139

45-318475-273

MAY 3 1967

*[Signature]*

Name: George H. Scatterday Title: Section Chief  
EOD: June 22, 1942 Grade: GS-16  
Nonveteran Salary: \$25, 435  
Not on probation

ASSISTANT DIRECTOR ROSEN: Mr. Scatterday has been performing the duties of Section Chief of the Name Check Section since October of 1958. In addition, he has filled in on the desk of the Number One Man of the Division on a number of occasions and has performed these duties in an extremely capable manner. Mr. Scatterday is a mature Bureau employee, presents a very neat personal appearance, is very enthusiastic concerning the Bureau's work and is most capable in administering the work of the Section of which he is in charge. He received an outstanding performance rating covering the period April 1, 1966 to March 31, 1967, and received a Quality Within Grade salary increase. He is thoroughly qualified in his present position and should be continued in an administrative capacity.

Rating: Excellent

10-7  
3-201

See Inspector's Comments Page 2.

General Investigative Division

AR:mpd

5/11/67 *MJM*

ASSISTANT DIRECTOR W. M. FELT:  
(J. H. Gamble:wmj      5/19/67)

The Inspector concurs with the comments of Assistant Director Rosen concerning SA Scatterday.

He creates an extremely favorable impression, exhibits thorough knowledge of his duties and commands the respect of his subordinates. He is a loyal and enthusiastic employee who is eminently qualified to continue in his present assignment as Section Chief of the Name Check Section.

✓

FORM 3-542 (9-14-64) APPROVED COMP.  
GEN. U.S. 4-5-68 IN LIEU OF  
SF 1126

# FEDERAL BUREAU OF INVESTIGATION

NAME: LAST, FIRST, MIDDLE	SOCIAL SECURITY NUMBER
	720-03-4

## NOTIFICATION OF BASIC CHANGE

CODE - NATURE OF ACTION	EFFECTIVE DATE	DATE OF LAST EQUIV. INCR.	
892 - QUALITY INCREASE	896 - ADMIN. PAY INCREASE		
893 - WITHIN GRADE INCREASE	897 - ADMIN. PAY DECREASE		
894 - PAY ADJUSTMENT	OTHER (SPECIFY IN REMARKS)		
GRADE OR LEVEL	STEP OR RATE	OLD SALARY	NEW SALARY

## DATA ON UNPAID ABSENCE

PERIOD(S)	TOTAL EXCESS	IN PAY STATUS AT END OF WAITING PERIOD	INITIALS
			3/JH

EMPLOYEE'S WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

EMPLOYEE'S PERFORMANCE RATING IS SATISFACTORY OR BETTER.

REMARKS:

67-NOT RECORDED  
14 MAY 16 1967

J. Edgar Hoover

JOHN EDGAR HOOVER  
DIRECTOR

(DATE)

PERSONNEL FILE COPY

Mr. Mohr

4-4-67

N. P. Callahan

CLEMENT L. MC GOWAN, JR.  
Section Chief, GS 16, \$22,755  
General Investigative Division

GEORGE H. SCATTERDAY  
Section Chief, GS 16, \$24,765  
General Investigative Division

#### OUTSTANDING ANNUAL PERFORMANCE RATINGS

There are attached for approval the annual performance reports for Messrs. McGowan and Scatterday in which their services have been rated Outstanding for the period 4-1-66 to 3-31-67. During the rating period no administrative action was taken against them and Messrs. McGowan and Scatterday were both commended on one occasion and received quality salary increases in connection with their 1966 Outstanding performance reports. Their overtime has been satisfactory.

It is respectfully requested that these ratings be approved and that you, as the Director's Alternate on the Departmental Committee on Incentive Awards, sign both the original and the copy of each of them as the Approving Official. Thereafter, they will be transmitted to the Department with other Outstanding ratings for approval by the Departmental Committee on Incentive Awards. Messrs. McGowan and Scatterday will then be entitled to cash incentive awards in the amount of \$400 as has been approved in the past for those below the level of Assistant Directors who are in Grade GS 16 or above or for a Quality Salary Increase of \$670 payable during a 52-week period. Neither of these men is at the top of his grade nor in line for a grade promotion; thus the Quality Salary Increase would be more beneficial to them at this time.

#### RECOMMENDATION:

That you, as Approving Official, sign the original and the copy of each of the attached Outstanding performance ratings and upon approval of these ratings by the Department, Messrs. McGowan and Scatterday be furnished copies of their ratings and approved for Quality Salary Increases effective 5-7-67.

LDH:jap (4)

Enclosures

1 - Miss Tibbets

① - Personnel File of SA George H. Scatterday  
PERMANENT BRIEFS ATTACHED.

UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. Mohr

DATE: May 2, 1967

FROM : Mr. Callahan

SUBJECT: GEORGE H. SCATTERDAY  
Special Agent  
General Investigative Division  
SERVICE AWARD LETTER  
25th Anniversary 6-22-67

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Wick \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

Mr. George H. Scatterday, Special Agent in the General Investigative Division, celebrates his 25th Anniversary of service with the Bureau on 6-22-67.

During the past three years of service, SA Scatterday has been commended on 3 occasions. Received \$400 incentive award on 5-1-64 and was afforded quality within-grade salary increases effective 5-9-65, 5-8-66 and 5-7-67, all of which were for meriting Outstanding performance reports. He is presently in Grade GS 16, \$25,435, and was rated Outstanding on last performance report.

The Director may desire to personally present SA Scatterday's letter and Key. A suggested letter is attached.

Enclosure

- 1 - Mr. Rosen (Sent Direct)  
1 - Miss Holmes (Sent Direct)

LDH:dkj

(4)

LOTT/MP ab (x 2096)

Mr. Scatterday (x 2096)  
advised d/k 14/67

REC-149

67-1318195-274

Searched _____	Numbered _____
FILED 5 JUN 1967	

3 JMC

✓✓  
REC-149

June 22, 1967

PERSONAL

Mr. George H. Scatterday  
Federal Bureau of Investigation  
Washington, D. C.

Dear Scatterday:

Twenty-five years ago you entered on duty with the FBI and I want to extend my heartfelt congratulations upon your completion of a quarter century of faithful service. In commemoration of this event I wish to present the Bureau's Twenty-five-Year Service Award Key.

Your years of loyalty and devotion to the work of the Bureau have contributed immeasurably to its progress and have more than earned for you the praise you deserve on your anniversary. I am fully cognizant of the hard work and personal sacrifices which have been necessary on your part in building and maintaining such an enviable record. I should like you to accept this Key as a symbol of those ideals for which the FBI stands and as a token of my sincere appreciation for your diligent efforts in our behalf.

I want to thank you for your many contributions toward the Bureau's accomplishments.

With best wishes and kindest regards,

*LH*  
Sincerely,

J. EDGAR HOOVER

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Wick \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

Enclosure *LOH:dkj*

1 - Mr. Rosen (Personal Attention)  
1 - Miss Holmes (Sent Direct)

LDH:dkj:EDDING:HOON

(5)

67-318195 33 W.B.J.

MAIL ROOM  TELETYPE UNIT

*John Mohr*

SENT FROM B. O.
TIME 10:20 AM
DATE 6-22-67
BY <u>presented by Director</u>

*EDD*

Based on memo Callahan to Mohr dated  
5-2-67, LDH:dkj.



UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

*In Reply, Please Refer to  
File No.*

Director  
Federal Bureau of Investigation  
United States Department of Justice  
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$20, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$20,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

**EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU**

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>GEORGE H. SCATTERDAY</u>	<u>5/22/67</u>	<u>GEN. INV. DIV. SOG</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
<u>MAE L. SCATTERDAY</u>	<u>WIFE</u>

Address	<u>5911 OSCEOLA RD. WASHINGTON, D.C. 20016</u>
---------	--

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
<u>BROWNLEY L. BAKER</u>	<u>SISTER-IN-LAW</u>

Address	<u>1618 ABINGDON DR., ALEXANDRIA, VA.</u>
---------	---

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well?  Yes  No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
--	--------------

Address	
---------	--

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
---	--------------

Address	
---------	--

Special

Very truly yours,

George H. Scatterday  
Special Agent

UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. Callahan

FROM : J. B. Adams *(PBA)*

DATE: 6-21-67

SUBJECT: SA GEORGE H. SCATTERDAY  
Section Chief - Name Check Section  
General Investigative Division  
EOD 6-22-42; GS-16, \$25,435

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Wick \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

SA Scatterday celebrates his 25th Anniversary with the Bureau on 6-22-67. The following is a brief summary of his record for the Director's use.

He entered on duty 6-22-42 and served in the San Francisco and Los Angeles Offices before his transfer to the Seat of Government 8-8-47. He has served as Supervisor in the Domestic Intelligence Division, as Assistant to Mr. Ladd and later Mr. Boardman in the Office of Assistant to the Director. On 7-21-58 he was designated Section Chief - Name Check Section in the Domestic Intelligence Division. On 2-10-61 the Name Check Section was reassigned to the newly created General Investigative Division. On his 1967 Annual Performance Rating he was rated OUTSTANDING. He is in Grade GS-16, \$25,435 per annum, 57 years of age, married, and his overtime performance is satisfactory. He is serving in his only office of preference.

REC-149

67-31817-275

The Director last saw him on 6-22-62 at which time he personally presented him with his Twenty-Year Service Award Key. He was accompanied by his wife, Mae, and his daughter Mary Lee. It is noted Mary Lee died from cancer on 8-6-64.

Since the Director last saw SA Scatterday he has been COMMENDED on five occasions, the last being by letter dated 7-19-66, and through him, the personnel in the Name Check Section for the excellent results realized in this important work during the past fiscal year. During this period he has been CENSURED on four occasions, the last dated 12-6-63 inasmuch as an outgoing communication to another Government agency prepared in his section under date of October 14, 1963, contained erroneous information regarding one Sidney Hovey.

He has been rated OUTSTANDING on every Annual Performance Report since 1963, for which he has received either a CASH AWARD or a QUALITY WITHIN-GRADE INCREASE, the last being on 5-7-67 to \$25,436 per annum in Grade GS-16, in recognition of the exceptional manner in which he discharged his responsibilities during the 1967 rating period.

*Jdk*  
FDH:jdg (2)  
Enclosure - Permanent Brief

(OVER)

RE: SA GEORGE H. SCATTERDAY  
General Investigative Division

By letter dated 6-22-66 the Director congratulated him  
on his Twenty-Fourth Anniversary in the Bureau.

As Section Chief of the Name Check Section of the General  
Investigative Division, Mr. Scatterday has supervision of all name  
check requests received from other Government agencies and the  
preparation of special memoranda for the use of the Director, the  
White House, the Attorney General, and Bureau officials as needed.

*Mel*

*Rec'd*

Mr. Tolson	✓
Mr. DeLoach	
Mr. Mohr	
Mr. Wick	
Mr. Casper	
Mr. Callahan	
Mr. Conrad	
Mr. Felt	
Mr. Gale	
Mr. Rosen	
Mr. Sullivan	
Mr. Tavel	
Mr. Trotter	
Tele. Room	
Miss Holmes	
Miss Gandy	

June 22, 1967

Honorable John Edgar Hoover  
Director  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Hoover,

Thank you very much for your kindness and graciousness this morning in taking the time to present me with my twenty-five year Service Key. I also want to thank you for the extremely kind comments in your letter and also your personal remarks.

My wife and my father-in-law were also extremely thrilled to have had the opportunity to be present and to see you.

Again, my deepest thanks.

Sincerely,

*George H. Scatterday*  
George H. Scatterday

GENERAL INVESTIGATIVE DIVISION

REC-136

SI-17-276

RECORDED  
JUN 22 1967

40

140

3-7/14

July 17, 1967

Mr. Lester P. Condon  
Inspector General  
United States Department of  
Agriculture  
Washington, D. C. 20250

Dear Mr. Condon:

Thank you for your letter of July 11th regarding the assistance Messrs. Scatterday, Short and Hogan recently provided to your office.

It is a pleasure to know we were helpful, and I certainly appreciate your favorable comments about my associates. They join me in expressing thanks for your thoughtfulness in writing.

Sincerely yours,

1 - Mr. Tavel - Enclosure

Personal Attention: Bring to the attention of SA Lester E. Short.

1 - Mr. Rosen - Enclosure

Personal Attention: Bring to the attention of SAs George H. Scatterday and J. Gerard Hogan.

1 - Personnel File of SA Lester E. Short - Enclosure

(1) - Personnel File of SA George H. Scatterday - Enclosure

1 - Personnel File of SA J. Gerard Hogan - Enclosure

NOTE: Correspondent is a former Special Agent who entered on duty 1-6-47 and resigned 1-12-51. He is on the mailing list to receive the Uniform Crime Reports bulletin. SA Short is assigned to the Files and Communications Division and SAs Scatterday and Hogan are assigned to the General Investigative Division.

89  
BGH:mjb (8)

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DUPLICATE YELLOW

UNITED STATES DEPARTMENT OF AGRICULTURE  
OFFICE OF THE INSPECTOR GENERAL  
WASHINGTON, D.C. 20250

JUL 11 1967

In reply refer to:  
H-2999-10

Mr. Tolson	✓
Mr. DeLoach	
Mr. Mohr	
Mr. Wick	
Mr. Casper	
Mr. Callahan	
Mr. Conrad	
Mr. Felt	
Mr. Gale	
Mr. Rosen	
Mr. Sullivan	
Mr. Tavel	
Mr. Trotter	
Tela. Room	
Miss Holmes	
Miss Gandy	

Honorable J. Edgar Hoover  
Director, Federal Bureau of Investigation  
United States Department of Justice  
Washington, D. C.

Dear Mr. Hoover:

I have been advised of the outstanding cooperation recently furnished by members of your headquarters staff and wish to convey my thanks to you.

In connection with a trip by the Secretary of Agriculture to Alabama and Mississippi, this Office requested name checks on a group of persons. Time was short and expeditious handling was needed. The Bureau response was most prompt and very materially aided us in performing our duties for the Secretary.

I wish to particularly express my appreciation to Mr. Lester Short of the Files and Communications Division, and to Messrs. George Scatterday and J. Gerard Hogan of the General Investigative Division for their assistance.

Sincerely yours,

*Lester P. Condon*

Lester P. Condon  
Inspector General

RECORDED  
JUL 13 1967

35

17 JUL 13 1967

CONFIDENTIAL  
CORRESPONDENCE

July 19, 1967

Mr. George H. Scatterday  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Scatterday:

I want to commend you and, through you, the personnel in the Name Check Section who contributed to the excellent accomplishment record compiled during the 1967 Fiscal Year.

This section handled a record number of name checks, as well as those of a special nature, compared to the previous fiscal year. A splendid job was done by all who participated and I thank you for your exemplary leadership and I want you to convey my appreciation to the employees in your section.

Sincerely yours,

J. Edgar Hoover

1 - Mr. Rosen (Personal Attention)

1 - Miss Usilton (Sent Direct)

NLK/nll

(5)

Based on Rosen-DeLoach memo 7/13/67 re Accomplishments;  
General Investigative Division; Fiscal Year 1967.

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Wick \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

MAIL ROOM  TELETYPE UNIT

REC-131

277

JBA  
Harr

o/sxt



UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

*In Reply, Please Refer to  
File No.*

Director  
Federal Bureau of Investigation  
United States Department of Justice  
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$20, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$20,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

**EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU**

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>GEORGE H. SCATTERDAY</u>	<u>7/26/67</u>	<u>GEN. Inv. Div.</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
<u>MAE L. SCATTERDAY</u>	<u>WIFE</u>

Address	<u>5911 OCEOLA RD. WASHINGTON, D.C. 20016</u>
Name (contingent beneficiary, if desired; use given first name if female)	Relationship
<u>BROWNLIE L. BAKER</u>	<u>SISTER-IN-LAW</u>

Address	<u>1618 ALEXANDRIA DR. ALEXANDRIA, VIRGINIA</u>
---------	---

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well?  Yes  No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
--	--------------

Address

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
---	--------------

Address

Very truly yours,

*George H. Scatterday*  
Special Agent

6-113 (Rev. 7-17-67)

GENERAL INVESTIGATIVE DIVISION  
NAME CHECK SECTION  
6125 IB

8/28, 1967

Mr. Scatterday	Mr. Rosen
	Mr. Malley
Mr. C.F. Brown	
Mr. J.W. Brown	Mr. McGowan
Mr. Coakley	Mr. Shroder
Mr. Gaskill	Mr. Bolz
Mr. Lee	Miss Wright
Mr. Peelman	Miss Dougherty
Mr. O'Rourke	Miss Eggleston
Mr. Woods	
Miss Anderson	Mr. Bezdek Room 2254
Mr. Flottman	Mrs. Lisky Room 1026 9&D
Mr. Geary	Mrs. Stoll Room 4647
Miss Gronquist	Mrs. Hayden Room 4131 IB
Mr. K. Johnson	Mr. Papich Room 1014 9&D
Mr. W. Johnson	File Review Room 1319 IB
Mr. Kuny	File Unit Room 1113 IB
Miss Martin	Foreign Liaison Room 1004 9&D
Mr. McLean	Mrs. Parham Liaison Room 1010 9&D
Mrs. O'Neal	Mr. Pluta Mail Room, 5531
Mr. Parham	Name Searching Unit Room 6529
Mr. Pluta	Routing, 7712
Mr. Slezak	
Miss Olshaw	See Me Please
Mrs. Larson	Call Me Please
Mrs. Nalley	Please Handle
Mr. Kemp	Note Status and Return
Mr.	
Mrs.	
Miss	
<b>✓ PHYSICAL UNIT</b>	

EYES RECHECKED & DR.

ADVISES I AM NOW USING

PROPER LENSES.

(PER DR REQUEST IN)

CONNECTION WITH MY

ANNUAL PHYSICAL)

RECORDED | 4  
SER 6 1967

G.I. [Signature]  
Room 6125 IB,  
Ext. 2056

REPORT OF MEDICAL EXAMINATION

88-108

1. LAST NAME—FIRST NAME—MIDDLE NAME <u>SCATTERDAY, GEORGE HAYES</u>		2. GRADE AND COMPONENT OR POSITION <u>SA</u>	3. IDENTIFICATION NO. <u>4-56-70</u>
4. HOME ADDRESS (Number, street or P.O. box, city or town, zone and State) <u>12123/09</u>		5. PURPOSE OF EXAMINATION <u>Annual</u>	6. DATE OF EXAMINATION <u>6-28-67</u>

7. SEX <u>M</u>	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE <u>MILITARY</u>	10. AGENCY	11. ORGANIZATION UNIT
		<u>CIVILIAN</u>		

12. DATE OF BIRTH <u>12/23/09</u>	13. PLACE OF BIRTH <u>IDAHO</u>	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
--------------------------------------	------------------------------------	--

15. EXAMINING FACILITY OR EXAMINER AND ADDRESS <u>VMMC</u>	16. OTHER INFORMATION
---	-----------------------

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS
-------------------------	-------------------------------	-----------------

CLINICAL EVALUATION			NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)
NORMA L	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNORMA L	
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP		
<input checked="" type="checkbox"/>	19. NOSE		
<input checked="" type="checkbox"/>	20. SINUSES		
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT		
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)		
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)		
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)		
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC		
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)		
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)		
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)		
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)		
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)		
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)		
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulae) ✓		
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM		
<input checked="" type="checkbox"/>	34. G-U SYSTEM		
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)		
<input checked="" type="checkbox"/>	36. FEET		
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)		
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL		
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS		
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS		
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium, tests under item 72)		
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)		
<input type="checkbox"/>	43. PELVIC (Females only) (Check how done)		
<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL			

RESULTS	
16.0	GMS HGB 100ML
48	HCT %
11.9	WBC X10 <sup>3</sup>
72	NEUT % D
3	BAND % F
20	LYMPH % R
2	EOS % E
3	MONO % T I A L
PLATELET X10 <sup>3</sup>	

32- Ext. Hemorrhoid NCD

REC-140

PLATELET X10<sup>3</sup>

318195-2718

463/10

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)												REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES			
○—Restorable teeth				X—Missing teeth				(6 X 8)—Fixed bridge, brackets to include abutments				EXAM TYPE 3			
—Nonrestorable teeth				XXX—Replaced by dentures								CLASS II			
R	X	(2)	3	(4)	X	6)	X	8	9	10	(11)	X	14)	X	L
IGHT	32	31	30	29	28	27	26	25	24	23	22	21	20	19	E
T	X	X	X	X											F
															T

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY <u>1.018</u>	D. MICROSCOPIC <u>ES. neg</u>	46. CHEST X-RAY (Place, date, film number and result) <u>162410 - See Report</u>
B. ALBUMIN <u>Neg</u>	C. SUGAR <u>Neg</u>	47. SEROLOGY (Specify test used and result) <u>Neg</u>
48. EKG <u>WNL</u>	49. BLOOD TYPE AND RH FACTOR <u>See Report</u>	50. OTHER TESTS <u>See Report</u>

**MEASUREMENTS AND OTHER FINDINGS**

51. HEIGHT 71 1/2	52. WEIGHT 176 1/2	53. COLOR HAIR Brown	54. COLOR EYES Green	55. BUILD: (Check one)	SLENDER	MEDIUM	HEAVY	OBESER	56. TEMPERATURE																													
57. BLOOD PRESSURE (Arm at heart level)				58. PULSE (Arm at heart level)																																		
A. SITTING DIAS.	SYS. 136 DIAS. 72	B. RECUMBENT DIAS.	SYS. DIAS.	C. STANDING (3 min.) DIAS.	A. SITTING C4	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.																													
59. DISTANT VISION RIGHT 20/ LEFT 20/		60. REFRACTION BY		S.		CX		61. NEAR VISION 1.25m CORR. TO CORR. TO																														
26 CORR. TO 20/ 90 CORR. TO 20/		BY		S.		CX		2.5m CORR. TO BY																														
62. HETEROPHORIA (Specify distance)																																						
ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT			PC	PD																													
63. ACCOMMODATION RIGHT LEFT		64. COLOR VISION (Test used and result) PIP 16/16						65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED																												
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)						68. RED LENS TEST		CORRECTED																												
70. HEARING RIGHT WV /15 SV LEFT WV /15 SV		71. AUDIOMETER <table border="1"><tr><td></td><td>250 256</td><td>500 512</td><td>1000 1024</td><td>2000 2048</td><td>3000 2896</td><td>4000 4096</td><td>6000 6144</td><td>8000 8192</td></tr><tr><td>RIGHT</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>LEFT</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	RIGHT									LEFT									72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)	
	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192																														
RIGHT																																						
LEFT																																						

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

33. Tiny Ext. Remoulloid nod

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)		76. A. PHYSICAL PROFILE <table border="1"><tr><td>P</td><td>U</td><td>L</td><td>H</td><td>E</td><td>S</td></tr></table>						P	U	L	H	E	S
P	U	L	H	E	S								
77. EXAMINEE (Check) A. <input checked="" type="checkbox"/> IS QUALIFIED FOR B. <input type="checkbox"/> IS NOT QUALIFIED FOR full duty.		B. PHYSICAL CATEGORY											
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER		<table border="1"><tr><td>A</td><td>B</td><td>C</td><td>E</td></tr></table>						A	B	C	E		
A	B	C	E										
79. TYPED OR PRINTED NAME OF PHYSICIAN		SIGNATURE J. M. Harcourt, LCDR, MC, USNR											
80. TYPED OR PRINTED NAME OF PHYSICIAN		SIGNATURE											
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)		SIGNATURE											
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY		SIGNATURE				NUMBER OF ATTACHED SHEETS							

Mr. Scatterday:

Please advise this Unit if your vision has been corrected to 20/20. Thanks.

\* 8/23/67  
ADVISE  
WILL CORRECTED.  
WHEN 9/10/67

Physical Unit  
Room: 4541

\* see R/15 dated 8-28-67  
3-5-67

PATIENT'S LAST NAME-FIRST NAME-MIDDLE NAME

REGISTER NO.

WARD NO.

FBI

T-18

SCATTERDAY, GEORGE H.

AGE	SEX	(Check one)
57	M	<input type="checkbox"/> BEDSIDE, WHEELCHAIR, <input type="checkbox"/> OR STRETCHER
		<input type="checkbox"/> BED <input type="checkbox"/> PATIENT
		<input checked="" type="checkbox"/> AMBULATORY

EXAMINATION REQUESTED

REQUESTED BY

DATE OF REQUEST

6-28-67

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

FILM NO.

DATE OF REPORT

RADIOGRAPHIC REPORT

6-29-67

CHEST FILM of 6-28-67: Single PA projection of the chest shows the heart and mediastinum to be normal. Evidence of some uncoiling of the thoracic aorta is noted and calcification is noted in the aortic knob. Both lungs are clear and fully expanded and show no evidence of active disease. A minimal dextroscoliosis of the lower thoracic spine is noted.

R.F. DOBBINS  
CAPT MC USN

16240-66

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 519A (Rev. Aug. 1954)

Promulgated by Bureau of the Budget

Circular A-32 (Rev.)

RADIOGRAPHIC REPORT

519-205

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

Name of Examinee SCATTERDAY Last GEORGE First H. Middle  
(Type or print)

The following portions of the attached examination report form need not be completed:

2	9	62	69
3	11	65	72
4	14	67	76
8	17	68	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

**For All Examinees, Whether Clerical or Special Agent Applicants or Employees:**

The medical examiner should answer the following question:

Examinee  is  is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Male Employees and Male Applicants:**

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?  
 No  Yes If "yes" please specify defects. \_\_\_\_\_
2. Does examinee have any defects prohibiting safe operation of motor vehicles?  
 No  Yes If "yes" please specify defects. \_\_\_\_\_
3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle?  Yes  No  
If recommendation is based on a factor other than above standard, indicate basis \_\_\_\_\_

67-318195-218 gmw

**Desirable Weight Ranges for Males**

Height	Small Frame	Medium Frame	Large Frame
5'4"	REV 117 - 125 MIN. DIV.	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	AUG 27 8 58 AM '67 124 - 133	JUL 20 3 57 AM '67 130 - 143	138 - 157 138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is  small  medium  large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight  Satisfactory  Excessive  Deficient

6. Under proper medical supervision, employee should  lose \_\_\_\_\_ pounds  
 gain \_\_\_\_\_ pounds

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*J. Palacencia, LCDR, MC, USNR*  
 Signature of Medical Examiner

*6-28-67*  
 Date

December 26, 1967

PERSONAL

Mr. George H. Scatterday  
Federal Bureau of Investigation  
Washington, D. C.

Dear Scatterday:

I have been advised of your proposal to eliminate the necessity of preparing correspondence in connection with certain name checks. It is a pleasure to let you know that the procedure you recommended has been approved and permission granted to place it into effect.

This idea is an expression of your awareness of the need for economy in our operations and I wish to commend you for it.

Sincerely,

DUPLICATE YELLOW

1 - Mr. Rosen

1 - Miss Usilton

1 - Personnel file of SA George H. Scatterday

JER:cam

(6)

(Suggestion 440-68 dated 12/7/67)

NOTE:

Based on memorandum A. Rosen to Mr. DeLoach, 12/7/67,  
CB:dlg, re: Streamlining Suggestions. Item 5, page 3.

From data furnished by Crime Records Division, which handles the correspondence, it is estimated a minimum of \$220 to a maximum of \$440 a year will be saved in stenographic and typing time which can be gainfully diverted to other assignments. Mr. Scatterday is Section Chief of Name Check Section and it is believed he should be commended.

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

Date 1/30/68

I certify that I have  received  returned the following Government property for official use:

Central Research monograph "The Muslim Cult of Islam"

FILE  
*[Signature]*

READ

The Government property which you hereby acknowledge  
is charged to you and you are responsible for taking care  
of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN  
ANY WAY.

(Signature)

(Typed name) George H. Scatterday

Very truly yours,  
*George H. Scatterday*

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

Date

1 / 30 / 68

I certify that I have  received  returned the following Government property for official use:

Central Research monograph "The Communist Party Line," copy 206

FILE

31 pd

READ

The Government property which you hereby acknowledge  
is charged to you and you are responsible for taking care  
of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN  
ANY WAY.

(Signature)

(Typed name) George H. Scatterday

6 1968

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

Date 1/30/68

I certify that I have  received  returned the following Government property for official use:

Central Research monograph "The Communist Party, The Internal  
Danger to all Free Nations"

**READ**

The Government property which you hereby acknowledge  
is charged to you and you are responsible for taking care  
of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN  
ANY WAY.

(Signature)

(Typed name)

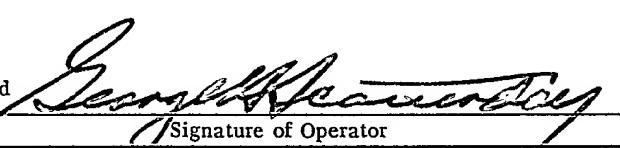
Very truly yours,  
*George H. Scatterday*  
George H. Scatterday

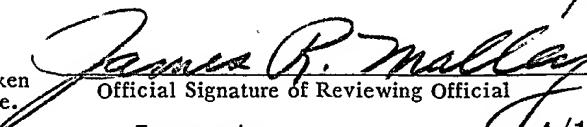
Operator's Road Test and Driving Certification  
FD-288 (Rev. 10-19-66)

TO: Director, FBI

FROM: A. Rosen

CERTIFICATION

Name of Operator (Print - Last, First, Middle Initial) <b>SCATTERDAY, GEORGE H.</b>		Date <b>4/1/68</b>
Division and Section Assigned <b>GEN. Inv. DIV. - NAME CHECKS</b>		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Clerk
This is to certify that I presently hold a valid motor vehicle operator's permit or driver's license as follows:		
Permit Issued By: (State, Territory Possession, District) <b>MARYLAND</b>	Permit Number <b>S-363-275-298-972 R</b>	Permit Expires <b>DEC. 1969</b>
This is an <input checked="" type="checkbox"/> unrestricted <input type="checkbox"/> restricted permit. (If restricted, explain below)		
<input checked="" type="checkbox"/> Glasses <input type="checkbox"/> Contact lenses are required for driving <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
This further certifies that during the past three years I have driven a motor-vehicle (government or personally owned) approximately <b>35,000</b> miles. During this time (a) I <input type="checkbox"/> have <input checked="" type="checkbox"/> have not received a traffic violation ticket; (b) I <input type="checkbox"/> have <input checked="" type="checkbox"/> have not been held at fault* as the driver of a motor vehicle involved in a traffic accident. (If affirmative answer, explain below, giving number and dates of offenses.) I further understand that when operating a Government vehicle I must assume responsibility for payment of any damage to same should I be found at fault.* I also understand the Government does not provide insurance coverage for damage to its vehicles.		
* "At fault" means any case in which responsibility is conceded by employee or his insurance company or liability is fixed by duly constituted authority or administratively by the Bureau.		 Signature of Operator

TO BE FILLED IN BY REVIEWING OFFICIAL	The personnel file of this employee has been reviewed and indicates the following information concerning the operation of a motor vehicle during the past three years:	
	<input checked="" type="checkbox"/> Continuous safe driving record <input type="checkbox"/> Involved in traffic accident and found at fault** I certify that this employee is: <input checked="" type="checkbox"/> Qualified on the basis of his safe driving record to operate motor vehicles on official business <input type="checkbox"/> Not qualified and must demonstrate his qualifications by satisfactorily passing a road test examination before operating a motor vehicle on official business	
Remarks:	<input type="checkbox"/> Issue <input type="checkbox"/> Renew Operator's Identification Card - SF-46	
 Official Signature of Reviewing Official Title <b>Inspector</b> Date <b>4/1/68</b>		
** "At fault" means any case in which the Bureau has taken disciplinary administrative action against the employee. <b>(Over for Operator's Road Test Score Sheet)</b>		

### RESULTS OF ROAD TEST

Vehicle Used in Test			Local of Test	
Make	Body Type	Year	City	State
Transmission		Date	Time	Examiner's Signature .
<input type="checkbox"/> Automatic	<input type="checkbox"/> Manual			
<b>Instructions to Examiner</b> Place check mark (✓) in space beside each error committed. If same error is repeated, add a check mark for each repetition. Multiply point value of each error (shown in box at left of each error listing) by number of check marks, placing total points for each category in box at lower right of each block. To obtain final score, total number of points scored in all categories.				
<b>TEST SCORE</b>				
<b>Total Error Points</b>				
<b>PASSING GRADE: Total Score of 25 Points or Less</b>				
<b>FAILING GRADE: Total Score of 26 Points or More</b>				
<b>Note Results in Box at Right of Instruction Block</b>				
<b>Check List</b>				
<b>1. Checking Vehicle</b> Fails to: <input type="checkbox"/> 1 Adjust Rear-view Mirror <input type="checkbox"/> 1 Adjust Seat Properly <input type="checkbox"/> 1 Check Effectiveness of Hand & Foot Brake <input type="checkbox"/> 1 Check Windshield Wipers      # of Points <input type="checkbox"/> 1 Check Horn and All Lights		<b>2. Leaving Curb</b> Fails to: <input type="checkbox"/> 2 Look Back to Check Traffic <input type="checkbox"/> 2 Give Proper Signal (Mechanical or Hand) <input type="checkbox"/> 2 Wait for Approaching Traffic      # of Points		
<b>3. Turning</b> Fails to: <input type="checkbox"/> 2 Give Proper Signal (Mechanical or Hand) <input type="checkbox"/> 2 Turn Carefully From Proper Lane  # of Points		<b>4. Backing</b> Fails to: <input type="checkbox"/> 1 Observe Surrounding Conditions <input type="checkbox"/> 1 Back Slowly and Smoothly and Avoid Excessive Curb Contact      # of Points		
<b>5. Controls</b> Fails to: <input type="checkbox"/> 1 Handle Vehicle Smoothly <input type="checkbox"/> 2 Keep Both Hands on Wheel <input type="checkbox"/> 2 Smoothly Engage Shifting Mechanism <input type="checkbox"/> 2 Use Brakes Properly  # of Points		<b>6. Speed</b> Fails to: <input type="checkbox"/> 2 Exceeds Limit <input type="checkbox"/> 2 Too Slow for Traffic Conditions <input type="checkbox"/> 2 Too Fast for Traffic Conditions      # of Points		
<b>7. Position on Roadway</b> Fails to: <input type="checkbox"/> 2 Follows too Closely <input type="checkbox"/> 2 Fails to Hold Proper Lane <input type="checkbox"/> 1 Straddles Lane Markings  # of Points		<b>8. Overtaking - Passing</b> Fails to: <input type="checkbox"/> 2 Misjudges Speed of Oncoming Traffic <input type="checkbox"/> 2 Passes in Intersection, on Hill, Curve, etc. <input type="checkbox"/> 2 Cuts in too Soon <input type="checkbox"/> 2 Fails to Signal (Hand, Light, Horn) When Conditions Warrant      # of Points		
<b>9. Parking</b> Fails to: <input type="checkbox"/> 1 Avoid Violent Bumping of Other Cars or Excessive Scraping of Curb <input type="checkbox"/> 1 Set Hand Brake <input type="checkbox"/> 1 Cramp Wheels Where Necessary  # of Points		<b>10. Railroad and School Zones</b> Fails to: <input type="checkbox"/> 2 Obey Signals and Caution Warnings <input type="checkbox"/> 2 Be Alert for Unusual Conditions  # of Points		
<b>11. Attention</b> Fails to: <input type="checkbox"/> 2 Anticipate Hazardous Traffic Conditions (Including Pedestrians) <input type="checkbox"/> 2 Keep Full Attention on Operation of Car <input type="checkbox"/> 1 Limit Talking to Minimum <input type="checkbox"/> 2 Observe Posted Signs or Signals  # of Points		<b>12. General</b> Fails to: <input type="checkbox"/> 3 Nervous and Hesitant While Operating at Maximum Speeds Allowed on Open Highway <input type="checkbox"/> 3 Lack of Caution <input type="checkbox"/> 3 Timidity or Lack of Assurance Under Normal Driving Conditions      # of Points		

Remarks:

**ELECTION, DECLINATION, OR WAIVER  
OF LIFE INSURANCE COVERAGE**  
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT  
AGENCY INSTRUCTIONS  
ON BACK OF ORIGINAL**

**TO COMPLETE THIS FORM—**

**1 FOLLOW THESE GENERAL INSTRUCTIONS:**

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

**2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):**

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
SCATTERDAY GEORGE HAYES			12 23 09	720 03 4277
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	
Federal Bureau of Investigation			Washington, D.C. 20535	

**3 MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):**

Mark here \_\_\_\_\_  
if you  
WANT BOTH  
optional and  
regular  
insurance

**ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE**

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.



Mark here \_\_\_\_\_  
if you  
DO NOT WANT  
OPTIONAL but  
do want  
regular  
insurance

**DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE**

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.



Mark here \_\_\_\_\_  
if you  
WANT NEITHER  
regular nor  
optional  
insurance

**WAIVER OF LIFE INSURANCE COVERAGE**

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.



**4 SIGN AND DATE. IF YOU MARKED BOX "A" OR "C",  
COMPLETE THE "STATISTICAL STUB." THEN RETURN  
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)

*George M. Scatterday*  
DATE  
2/5/68

**FOR EMPLOYING OFFICE USE ONLY**

*2/5/68* (official receiving date stamp)

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

59

STANDARD FORM No. 176-T  
JANUARY 1968  
(For use only until April 14, 1968)  
176-101

## INSTRUCTIONS TO EMPLOYING AGENCY

1. **Who must file.**—All employees not excluded by law or regulation from insurance coverage, including those who have previously waived coverage, are required to complete and file Standard Form 176-T. Employees who are in the service on February 14, 1968, as well as those who are appointed after that date but before April 14, 1968, must file the form.
  2. **Automatic cancellation of previously filed waivers.**—All "Waivers of Life Insurance Coverage" (SF 53) on file are automatically canceled as of the first day of the first pay period beginning on or after February 14, 1968. Payroll offices are to begin regular insurance deductions on the automatic cancellation date for employees who do not file a new waiver, i.e., those who do not check box C of SF 176-T, on or before that date.
  3. **Employees failing to file.**—If an employee does not return a completed SF 176-T, contact him and urge him to do so even if he does not want optional insurance (he will, of course, be automatically covered for regular insurance). If he still fails to file SF 176-T by April 14, 1968, or 31 days after appointment, whichever is later, file one for him as of that date: mark box B, and note in the space provided for his signature "employee contacted—failed to elect optional insurance." See note 2 below.
  4. **Review of completed forms.**—(a) Review both copies of the SF 176-T for legibility, completeness, and consistency. Reconcile with the employee any obvious major discrepancy such as a mark in more than one box.
- (b) If the employee marked box A or box C, make sure the Statistical Stub is complete. Then detach and mail stubs, in a bundle, weekly to:
- Office of Federal Employees' Group Life Insurance  
(Statistical Study)  
4 East 24th Street  
New York, New York 10010
- (c) If the employee marked box B, detach and destroy the stub.
5. **Date of receipt and effective date.**—(a) Stamp date of receipt by employing office in the space provided for this purpose on both the Original and the Duplicate.  
(b) The effective date is determined from the table below.
  6. **Disposition of forms.**—(a) File the Original SF 176-T in the official personnel folder in all cases.  
(b) Any necessary payroll change, with effective date, may be posted in the space reserved on the Duplicate for employing office.  
(c) The Duplicate may be destroyed, if no payroll action is required, or after the requirements of the agency's payroll system have been met.
  7. **Use of SF 176-T.**—SF 176-T "Election, Declination, or Waiver of Life Insurance Coverage" should not be used after the initial filing period (after April 14, 1968). A revised edition will be available for use after that date.

**TABLE OF EFFECTIVE DATES**

DATE SF 176-T RECEIVED BY EMPLOYING OFFICE	EMPLOYEE'S DECISION	EFFECTIVE DATE (IF NO WAIVER, SF 53, IN EFFECT)	
		OF DECISION	OF DEDUCTIONS
On or before February 14, 1968.	Elects optional (in addition to regular) (box A).	Coverage effective February 14, 1968.	Deductions begin 1st day of 1st pay period beginning on or after February 14, 1968.
	Declines optional (but not regular) (box B).	Declination effective February 14, 1968.	.
	Waives regular (so ineligible for optional) (box C).	Waiver effective last day of pay period in which February 14, 1968 falls.	Deductions stop last day of pay period in which February 14, 1968 falls.
After February 14 but not later than April 14, 1968.	Elects optional (in addition to regular) (box A).	Coverage effective on date of receipt.	Deductions begin 1st day of 1st pay period beginning on or after date of receipt.
	Declines optional (but not regular) (box B).	Declination effective on date of receipt, but employee loses automatic optional protection on February 14, 1968.	
	Cancels previously elected optional (but not regular) (box B).	Cancellation effective last day of pay period in which received.	Deductions for optional stop last day of pay period in which received.
	Waives regular (so ineligible for optional) (box C).	Waiver effective last day of pay period in which received.	Deductions stop last day of pay period in which received.

- NOTES: 1. Because regular insurance coverage and deductions are automatic unless waived (by checking box C), A and B elections do not affect regular insurance effective dates.
2. An employee for whom the agency files SF 176-T because he failed to file is deemed to have declined optional, but not regular, insurance.
3. An employee with an uncanceled waiver (SF 53) on file cannot be insured any earlier than the first day he is in duty and pay status in a pay period beginning on or after February 14, 1968; filing of an SF 176-T before that date will not cancel an SF 53 any earlier. Deductions begin the day he becomes insured.
4. The effective date of regular (and optional) insurance coverage for an employee who has been on leave without pay for more than 1 year is the first day he is in pay and duty status. Deductions are effective the same day.

Mr. Mehr

4-5-68

N. P. Callahan

INCENTIVE AWARDS  
INVESTIGATIVE PERSONNEL  
GENERAL INVESTIGATIVE DIVISION

George H. Scatterday

The purpose of this memorandum is to recommend SAs Bolz, Gallagher, Martindale, McGowan, Scatterday, and Shreder for recognition for their superior work in the last year as indicated by the attached Excellent performance reports.

It is certified that SAs [redacted] Gallagher, Martindale, McGowan, Scatterday and Shreder have performed the most important functions of their positions in a manner which exceeds the normal requirement and that this exceptional level of effectiveness is expected to continue indefinitely. In addition to the foregoing, no administrative action was taken against these agents during the rating period. They are completely available and overtime satisfactory. There follow additional specific comments regarding each for the past year.

b6

SA [redacted] EOD 11-15-48, GS 15, \$20,243. Commended once.

SA Gallagher EOD 8-25-41, GS 15, \$22,695. Commended once through a superior and received quality salary increase 5-7-67.

SA Martindale EOD as SA 2-3-41, GS 15, \$20,856. Commended twice, one of which was through a superior, and received one incentive award.

SA McGowan EOD 9-30-40, GS 16, \$25,176. Commended once and received quality salary increase 5-7-67 in recognition of 1967 Outstanding rating.

✓ SA Scatterday EOD 6-22-42, GS 16, \$26,574. Commended once and received quality salary increase 5-7-67 in recognition of 1967 Outstanding rating.

SA Shreder EOD 10-13-47, GS 16, \$23,776. Commended three times, one of which was through a superior.

A careful review of these agents' performance ratings and personnel files indicates that recognition is justified and cash awards under the Incentive Awards Program would be appropriate.

Enclosures

LDH:pam (8)

1 - Personnel file of each agent listed.

(OVER)

Memorandum: Callahan to Mohr  
Re: Incentive Awards  
Investigative Personnel  
General Investigative Division

**RECOMMENDATION:**

That SAs [redacted] Richard J. Gallagher, and Wilbur L. Martindale each be afforded an incentive award of \$400 and that SAs Clement L. McGowan, Jr., George H. Scatterday, and Rex L. Shrader each be afforded an incentive award of \$450. (Per Inspector Trent, no information developed during inspection as of 4-8-68 to affect recommended action.)

b6

**PERMANENT BRIEFS ATTACHED.**

April 10, 1968

PERSONAL

Mr. George H. Scatterday  
Federal Bureau of Investigation  
Washington, D. C.

Dear Scatterday:

It affords me a great deal of pleasure to advise you that I have approved an incentive award for you in recognition of the superior manner in which you discharged your responsibilities during the past year. A check representing an incentive award in the amount of \$450.00 will be forwarded to you at a later date.

Your exemplary efforts are indicative of your sincere devotion to the work of the Bureau and I want you to know of my appreciation.

MAILED

APR 16 1968

COMM-FBI

Sincerely,

J. Edgar Hoover

1 - Mr. Rosen (Personal Attention) Enclosure

You should personally present this award and should this not be possible or should presentation be unreasonably delayed by your absence official acting for you should present it. Inform employee net amount of check represents this award less withholding tax.

1 - Payroll Distribution (Sent Direct)

1 - Miss Usilton (Sent Direct)

LRH:klw *sls* (6)

Award #761-68

Based on memo Callahan-Mohr 4-5-68.

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

MAIL ROOM  TELETYPE UNIT

FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

## REPORT OF PERFORMANCE RATING

Name of Employee: GEORGE H. SCATTERDAYWhere Assigned: General Investigative      Name Check Section  
(Division)      (Section, Unit)Official Position Title and Grade: Special Agent (Section Chief) GS-16Rating Period: from April 1, 1967 to March 31, 1968ADJECTIVE RATING: EXCELLENT  
*Outstanding, Excellent, Satisfactory, Unsatisfactory*Employee's Initials  
GARRated by: Alex Rosen Assistant Director 4/1/68  
Signature      Title      DateReviewed by: Carlton D. St. John Assistant to the Director 4/1/68  
Signature      Title      DateRating Approved by: Assistant Director APR 4 1968  
Signature      APR 4 1968

## TYPE OF REPORT

 Official  
 Annual

- |                          |                         |
|--------------------------|-------------------------|
| <input type="checkbox"/> | Administrative          |
| <input type="checkbox"/> | 60-Day                  |
| <input type="checkbox"/> | 90-Day                  |
| <input type="checkbox"/> | Transfer                |
| <input type="checkbox"/> | Separation from Service |
| <input type="checkbox"/> | Special                 |

10 APR 16 1968  
32

31P

## PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee George H. Scatterday

## RATING GUIDE AND CHECK-LIST

**Note:** Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

**RATE ITEMS AS FOLLOWS:**

+ Outstanding (exceeding excellent and deserving of special commendation).

**E**xcellent.  
Satisfied (need no more than 1)

S Satisfactory (go)  
— Unsatisfactory.

No opportunity to appraise performance during rating period.

#### **Guide for determining adjective rating:**

1. "Outstanding" adjective rating requires (A) that all elements be + and (B) that each and every rated element be factually justified by narrative details, including reasons for considering each worthy of Special Commendation and be attached to FD-185a.
  2. "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
    - A. Any element rated "Unsatisfactory" must be supported by narrative comments.
    - B. An official rating of "Unsatisfactory" must be supported in writing stating (1) wherein the performance is unsatisfactory, (2) the facts of the (90-day) prior warning, and (3) the efforts made after the warning to help the employee bring his performance up to a satisfactory level and must be attached to FD-185a.

- + (1) Personal appearance.

+ (2) Personality and effectiveness of his personal contacts.

+ (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load).

+ (4) Physical fitness (including health, energy, stamina).

+ (5) Resourcefulness and ingenuity.

+ (6) Forcefulness and aggressiveness as required.

+ (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.

+ (8) Initiative and the taking of appropriate action on own responsibility.

+ (9) Planning ability and its application to the work.

+ (10) Accuracy and attention to pertinent detail.

+ (11) Industry, including energetic, consistent application to duties.

+ (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control.

+ (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.

+ (14) Investigative ability and results:

+ (a) Internal security cases

+ (b) Criminal or general investigative cases

O (c) Fugitive cases

O (d) Applicant cases

O (e) Accounting cases

O (15) Physical surveillance ability.

- E (16) Firearms ability.  
C (17) Development of informants and sources of information.  
T (18) Reporting ability:  
    O (a) Investigative reports  
    O (b) Summary reports  
    + (c) Memos, letters, wires  
        (Consider: + conciseness; + clarity;  
          + organization; + thoroughness;  
          + accuracy; + adequacy and pertinency  
          of leads; + administrative detail.)  
O (19) Performance as a witness.  
+ (20) Executive ability:  
    + (a) Leadership  
    + (b) Ability to handle personnel  
    + (c) Planning  
    + (d) Making decisions  
    + (e) Assignment of work  
    + (f) Training subordinates  
    + (g) Devising procedures  
    + (h) Emotional stability  
    + (i) Promoting high morale  
    + (j) Getting results  
O (21) Ability on raids and dangerous assignments:  
    O (a) As leader  
    O (b) As participant  
+ (22) Organizational interest, such as making of suggestions for improvement.  
+ (23) Ability to work under pressure.  
+ (24) Miscellaneous. Specify and rate:  
        Dictation ability \_\_\_\_\_

- A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.): \_\_\_\_\_

Section Chief

- B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker):

## Administrator

- C. (1) Is employee available for general assignment wherever needs of service require? yes (If answer is not "yes," explain in narrative comments.)  
(2) Is employee available for special assignment wherever needs of service require? yes (If answer is not "yes," explain in narrative comments.)

- D. 1. Has employee had an abnormal sick leave record during rating period? NO 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? NO (If answer to either question is "yes," explain in narrative comments.)

- E. Is employee qualified to operate a motor vehicle incidental to his official duties?  Yes  No  
If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.  
(b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

#### **ADJECTIVE RATING:**

## **EXCELLENT**

Outstanding. Excellent. Satisfactory. Unsatisfactory

EMPLOYEE'S INITIALS

GRR

NARRATIVE COMMENTS

1. PERSONAL APPEARANCE AND PERSONALITY:

Mr. Scatterday makes a very fine personal appearance and is well groomed at all times.

2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS:

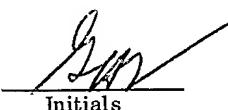
NA

3. LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING PERFORMANCE; AND SICK LEAVE INFORMATION:

None

4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE, INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED:

During the rating period Mr. Scatterday has been in charge of the Name Check Section which is located in the Identification Building. The work of the Section comprises a very heavy volume and in addition requires the preparation of special memoranda for high Government officials, such as the Attorney General and the President, which matters must be handled in the shortest possible time and with extreme care. The work of the Section has been streamlined during the rating period due to suggestions of employees and procedures put into effect under the supervision of Mr. Scatterday.



G.W.  
Initials

5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED: During the rating period Mr. Scatterday received one letter of commendation from the Director and was included in a general letter of commendation to the Division. He was also named in a letter commending the Bureau for its work by the Department of Agriculture and he was thanked for a suggestion which was adopted in connection with the work of his Section.

6. DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS:  
(List items taken into consideration on rating guide and check list.)

None

7. PARTICIPATION IN INFORMANT PROGRAMS:

NA

8. TESTIFYING EXPERIENCE AND ABILITY:

NA

9. ACCOUNTING INFORMATION:

NA

10. POLICE INSTRUCTION:

NA

11. RESIDENT AGENTS:

NA

  
Initials

12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:

NA

13. FOREIGN LANGUAGE ABILITY: None

Language in which proficient \_\_\_\_\_.

Completed language school  Yes  No

Fluent in \_\_\_\_\_ language to extent Agent can handle typical investigative problems as follows: (1) Conversation form  Yes  No

(2) Written form  Yes  No

Evaluate language proficiency in each phase as excellent, very good, good, fair or unsatisfactory

<u>Language</u>	<u>Read</u>	<u>Write</u>	<u>Speak</u>	<u>Understand</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

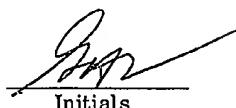
Frequency \_\_\_\_\_ language ability used during rating period:

Frequency of use of \_\_\_\_\_ language ability anticipated during ensuing year:

14. ADMINISTRATIVE ADVANCEMENT:

- (a) Agent is interested in administrative advancement.  Yes  No
- (b) Agent is completely available for administrative advancement.  Yes  No
- (c) Agent is considered completely qualified at present for administrative advancement, including experience, ability, personality and appearance. \* Yes  No
- (d) If answer to (c) is "Yes," Agent's qualifications are considered  
 very good  excellent  outstanding
- (e) If answer to (c) is "No," is Agent considered to have potential for future administrative advancement? (If applicable, explanatory comments required.)  Yes  No

\* While Mr. Scatterday is recommended for administrative advancement it is felt he is best serving the Bureau's needs in his present capacity.



Initials

UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. DeLoach

DATE: April 2, 1968

FROM : A. Rosen

1 - Mr. DeLoach  
1 - Mr. Rosen

SUBJECT: GEORGE H. SCATTERDAY  
GENERAL INVESTIGATIVE DIVISION  
NAME CHECK SECTION  
SPECIAL AGENT (SECTION CHIEF), GS-16, \$26,574  
INCENTIVE AWARD MATTER

Attached is the annual performance report for George H. Scatterday covering his services from April 1, 1967, through March 31, 1968. During this period, he was Section Chief of the Name Check Section of the General Investigative Division.

During this entire rating period as indicated by this rating, Scatterday has performed the most important functions of his position in a manner which substantially exceeds the normal requirements and has regularly volunteered to handle additional work. His work has been of an unusually high quality and has been most effective. This exceptional high level of effectiveness has been sustained over a period of years, particularly during this rating period, is expected to continue, and when viewed as a whole his performance merits special recognition under the Incentive Awards Program.

RECOMMENDATION:

That the attached performance rating be approved and that Scatterday be considered for an appropriate cash award in recognition of his sustained superior performance.

Enclosure  
AR:ige  
(3)

APR 6 1968

✓  
Olson  
DeLoach  
Mohr  
Bishop  
Casper  
Cullahan  
Conrad  
Felt  
Gale  
Rosen  
Sullivan  
Tavel  
Trotter  
Tele. Room  
Holmes  
Gandy

4-5-68  
L-BH gms

3/18

George H. Scatterday

Mr. Tolson	✓
Mr. DeLoach	✓
Mr. Mohr	✓
Mr. Bishop	
Mr. Casper	
Mr. Callahan	✓
Mr. Conrad	
Mr. Felt	
Mr. Gale	
Mr. Rosen	
Mr. Sullivan	
Mr. Tavel	
Mr. Trotter	
Tele. Room	
Miss Holmes	
Miss Gandy	

April 11, 1968

Honorable John Edgar Hoover  
Director  
Federal Bureau of Investigation  
Washington, D.C.

Dear Mr. Hoover,

Your letter of April 10 advising me that you had approved an incentive award for my work during the past year came as an extremely pleasing surprise.

I am deeply appreciative, not only of the monetary award but of the fact that my activities during the past year have met with your approval. You may be assured that I will continue to do my very best in the future.

Again, my deepest thanks.

Sincerely,

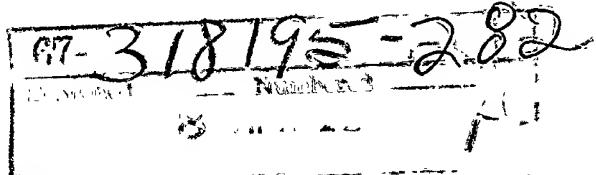
*George H. Scatterday*

George H. Scatterday  
GENERAL INVESTIGATIVE DIV.

EX-PPROG

APR 11 1968

REC-136



APR 17 1968

3/24

Up to

Mr. Tolson	.....
Mr. DeLoach	.....
Mr. Mohr	.....
Mr. Bishop	.....
Mr. Casper	.....
Mr. Callahan	.....
Mr. Conrad	.....
Mr. Felt	.....
Mr. Gale	.....
Mr. Rosen	.....
Mr. Sullivan	.....
Mr. Tavel	.....
Mr. Trotter	.....
Tele. Room	.....
Miss Holmes	.....
Miss Gandy	.....

May 17, 1968

Mr. John Edgar Hoover  
Director  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Hoover,

In 1944 you were kind enough to furnish me your autographed photograph. You also graciously afforded my family and me the opportunity of having our pictures taken with you on my twentieth and twenty-fifth anniversaries in the Bureau.

I have recently seen a portrait photograph of you in color which was autographed for a Bureau employee and if your schedule permits and if it is at all possible, I would deeply appreciate receiving such an autographed color photograph of you.

Thank you very much.

Sincerely,

*George H. Scatterday*  
George H. Scatterday  
GENERAL INVESTIGATIVE DIVISION

EX-REC RECORDS

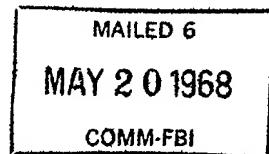
Tel/a

EX-REC

MAY 17 1968

31

acte cdr  
prepared  
5/17/68



17

June 21, 1968

**PERSONAL**

Dear Scatterday:

You will be celebrating your Twenty-sixth Anniversary in the FBI, and I want to take this means of extending my congratulations to you. I hope it is an enjoyable day for you and that the Bureau will have the benefit of your fine services for many years to come.

Sincerely,

J. EDGAR HOOVER

6-21-68-283

Mr. George H. Scatterday  
Federal Bureau of Investigation  
Washington, D. C.

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

Anniversary 6-22 - Saturday

JEH:edm (3)

SENT FROM D. O.
TIME
DATE
BY

MAIL ROOM  TELETYPE UNIT

6/21/68 61



**UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to  
File No.*

Director  
Federal Bureau of Investigation  
United States Department of Justice  
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$20, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$20,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

**EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU**

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>GEORGE H. SCATTERDAY</u>	<u>5/27/68</u>	<u>GEN. INV. DIV. SOG</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
<u>MAE L. SCATTERDAY</u>	<u>WIFE</u>

Address	<u>5911 OSCEOLA RD., WASHINGTON, D.C. 20016</u>
---------	---

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
<u>BROWNLEY L. BAKER</u>	<u>SISTER-IN-LAW</u>

Address	<u>1618 ABINGDON DR. ALEXANDRIA, VA.</u>
---------	--

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well?  Yes  No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
--	--------------

Address	
---------	--

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
---	--------------

Address	
---------	--

Payment Pending  
 Special Agents Insurance Fund  
 May 1968  
 J. Edgar Hoover, Director

Very truly yours,

George H. Scatterday  
 Special Agent

July 10, 1968

Mr. George H. Scatterday  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Scatterday:

It is a pleasure to commend you and, through you, the personnel in the Name Check Section who significantly contributed to the exemplary accomplishment record which was achieved during the 1968 fiscal year.

An excellent job was done by all who participated in the work of this section. I am pleased with the fine leadership you have exhibited and I want you to express my appreciation to those in your section who assisted so ably.

Sincerely yours,  
J. Edgar Hoover

MAILED 24  
JUL 16 1968  
COMM-FBI

1 - Mr. Rosen (Personal Attention)  
Copy of this letter is being placed in files of participating personnel.

1 - Miss Usilton (Sent Direct)  
RHC:dml/mel  
(5)

Based on memo Rosen to DeLoach 7/11/68 re: Accomplishments - Fiscal Year 1968, General Investigative Division.

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

MAIL ROOM  TELETYPE UNIT

UNITED STATES GOVERNMENT

# Memorandum

TO : MR. CALLAHAN

DATE: July 26, 1968

FROM : J. B. ADAMS

SUBJECT: GEORGE H. SCATTERDAY  
General Investigative Division  
Name Check Section  
Special Agent (Section Chief)  
GS 16; \$28,000  
PHYSICAL CONDITION

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Clegg \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

The purpose of this memorandum is to recommend Bureau approval for SA Scatterday to enter the U. S. Naval Hospital, Bethesda, Maryland, on 8-13-68 for surgical removal of a palmar nodule.

On 7-8-68 Mr. Scatterday was afforded his annual physical examination at the U. S. Naval Hospital, Bethesda, Maryland, by Dr. R. E. Clark. Dr. Clark noted a left mid palmar nodule which, Mr. Scatterday advised, is increasing in size, is not painful but is annoying. Dr. Clark referred him to the Plastic Surgery Clinic for further examination.

Dr. Cameron, Plastic Surgeon, has examined Mr. Scatterday and advised that in order to make a diagnosis it would be necessary to surgically remove the nodule, which he recommended in view of the history of growth. Dr. Cameron has tentatively scheduled the admission to the hospital for 8-13-68 with surgery on 8-14-68. Captain D. P. Osborne, Commanding Officer, U. S. Naval Hospital, has approved the admission.

## RECOMMENDATION:

REC'D 10/18/68  
67-310116-285

SEARCHED INDEXED SERIALIZED FILED

That Bureau approval be granted for SA George H. Scatterday to enter the U. S. Naval Hospital, Bethesda, Maryland, on 8-13-68 for the above described surgery.

- RCM:klw (6)  
1 - Leave Office  
1 - Health Service  
1 - Miss Goode  
1 - Mr. Rosen

\* on Palm

AUG 8 1968

7/17/68  
7/18/68  
7/19/68  
7/20/68

7/21/68

REPORT OF MEDICAL EXAMINATION

FBI 88-10

1. LAST NAME—FIRST NAME—MIDDLE NAME <u>Scatterday, George H.</u>			2. GRADE AND COMPONENT OR POSITION <u>SA</u>		3. IDENTIFICATION NO. <u>4-56-70</u>	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) <u>1223/09</u>			5. PURPOSE OF EXAMINATION <u>Annual</u>		6. DATE OF EXAMINATION <u>7-8-68</u>	
7. SEX <u>M</u>	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY      CIVILIAN		10. AGENCY	11. ORGANIZATION UNIT	
12. DATE OF BIRTH <u>12/23/09</u>		13. PLACE OF BIRTH <u>Idaho</u>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <u>VMMC</u>			16. OTHER INFORMATION			
17. RATING OR SPECIALTY			TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS	
<b>CLINICAL EVALUATION</b> <small>(Check each item in appropriate column; enter "NE" if not evaluated.)</small>			<b>NOTES.</b> (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)			
18. HEAD, FACE, NECK AND SCALP 19. NOSE 20. SINUSES 21. MOUTH AND THROAT 22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71) 23. DRUMS (Perforation) 24. EYES—GENERAL (Visual acuity and refraction under items 50, 60 and 67) 25. OPHTHALMOSCOPIC 26. PUPILS (Equality and reaction) 27. OCULAR MOTILITY (Associated parallel movements, nystagmus) 28. LUNGS AND CHEST (Include breasts) 29. HEART (Thrust, size, rhythm, sounds) 30. VASCULAR SYSTEM (Varicosities, etc.) 31. ABDOMEN AND VISCERA (Include hernia) 32. ANUS AND RECTUM (Hemorrhoids, fistulae) 33. ENDOCRINE SYSTEM 34. G-U SYSTEM 35. UPPER EXTREMITIES (Strength, range of motion) 36. FEET 37. LOWER EXTREMITIES (Except feet) (Strength, range of motion) 38. SPINE, OTHER MUSCULOSKELETAL 39. IDENTIFYING BODY MARKS SCARS, TATTOOS 40. SKIN, LYMPHATICS 41. NEUROLOGIC (Equilibrium tests under item 72) 42. PSYCHIATRIC (Specify any personality deviation) 43. PELVIC (Females only) (Check how done)			32. Ext. Hemorrhoids - NOS 40. Sebaceous cyst Ant. Chest, nos Capillary hemangioma (2) last. Thigh. 35. (2) mid palmar nodule -			
<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL			<b>RESULTS</b> HGB GMS 15.6 100ML 57 HCT % 47 WBC X10 <sup>3</sup> 8.6 NEUT % D 49 BAND % F 41 LYMPH % E EOS % R 1 BASO % T 9 MONOS % A PLATELET X10 <sup>3</sup> 31195-206			

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)												REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES					
O—Restorable teeth I—Nonrestorable teeth						X—Missing teeth XXX—Replaced by dentures						(6 X 8)—Fixed bridge, brackets to include abutments					
R	1	2	3	4	X	5	X	8	9	10	11	12	13	14	15	X	L
G	32	31	30	29	X	28	X	27	26	25	24	23	22	21	20	19	E
H	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	T
LABORATORY FINDINGS																	
45. URINALYSIS: A. SPECIFIC GRAVITY <u>1.020</u>						46. CHEST X-RAY (Place, date, film number and result)											
B. ALBUMIN <u>Neg</u>			D. MICROSCOPIC <u>Ess. Neg.</u>			47. SEROLOGY (Specify test used and result)			48. EKG <u>WNL</u>			49. BLOOD TYPE AND RH FACTOR			50. OTHER TESTS <u>Plastic Surgery - See Report</u>		
47. SEROLOGY (Specify test used and result) <u>Neg</u>			48. EKG <u>WNL</u>			49. BLOOD TYPE AND RH FACTOR			50. OTHER TESTS <u>Plastic Surgery - See Report</u>								

## MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 72 1/2	52. WEIGHT 180	53. COLOR HAIR Bew	54. COLOR EYES CORY	55. BUILD (Check one)	SLENDER	MEDIUM	HEAVY	OBSE	56. TEMPERATURE		
57. BLOOD PRESSURE (Arm at heart level)					PULSE (Arm at heart level)						
A. SITTING SITTING	SYS. 138	B. RECUM- BENT	SYS. 84	C. STANDING (3 min.)	SYS. DIAS.	A. SITTING 68	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.	
59. DISTANT VISION RIGHT 20/ 20 CORR. TO 20/		60. REFRACTION BY S. CX		61. NEAR VISION CORR. TO .25 m BY							
LEFT 20/ 20 CORR. TO 20/		BY S. CX		CORR. TO .25 m BY							
62. HETEROPHORIA (Specify distance)											
ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV.	PC	PD	CT			
63. ACCOMMODATION RIGHT LEFT		64. COLOR VISION (Test used and result) P 1 P 1 6 1 C					65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED		
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)					68. RED LENS TEST		CORRECTED		
70. HEARING RIGHT WV 15 /15 SV		71. AUDIOMETER RIGHT 250 500 1000 2000 3000 4000 6000 8000 15 /15 SV					72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)				
LEFT WV 15 /15 SV		LEFT									

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

## 74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

1. EFT. Hemangioma - 100
2. Seborrheic cyst. Aut. Chest
3. (2) mid palmar nodule

## 75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

Plastic Surgery consult - re (2) Hand

## 76. A. PHYSICAL PROFILE

P	U	L	H	E	S

## 77. EXAMINEE (Check)

- IS QUALIFIED FOR  
 IS NOT QUALIFIED FOR

## B. PHYSICAL CATEGORY

## 78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E

## 79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

*L. E. Clele*

## 80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

## 81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

## 82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

CLINICAL RECORD		CONSULTATION SHEET		
		REQUEST		
TO: <b>Plastic Surg.</b>	FROM: (Requesting ward, unit, or activity) <b>T-18</b>	DATE OF REQUEST <b>7-8-68</b>		
REASON FOR REQUEST (Complaints and findings) <p>Has a mid palmar subcut. nodule which is increasing in size - pain free but annoying.</p>				
PROVISIONAL DIAGNOSIS <b>(D) mid palmar nodule</b>		DOCTOR'S SIGNATURE <b>R.E. Clark</b> APPROVED		
		PLACE OF CONSULTATION <input type="checkbox"/> BEDSIDE <input checked="" type="checkbox"/> ON CALL	<input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> ROUTINE	
CONSULTATION REPORT <p>7/10/68 - Nodule may represent early Dystrophy. nodule somewhat atypically placed - history of growth, however. demands excision for diagnosis - scheduled for excision under regional block anesth. as outpatient on 14 Aug. Admit 13 Aug at 1000. Cameron</p> <p>Admission OK per Opt. Doctor will be seen 7-8-68</p>				
(Continued on reverse side)				
SIGNATURE AND TITLE	DATE	IDENTIFICATION NO.	ORGANIZATION	
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility) <b>SCATTERDAY GH 4-56-70 B12-23-09N FBI</b>		REGISTER NO.	WARD NO.	
CONSULTATION SHEET Standard Form 513 513-104-02				
<b>67-318195-289</b>				
USNH BETH				

**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

Name of Examinee \_\_\_\_\_  
(Type or print)

*Scatterday*      *George*      *H.*  
Last                  First                  Middle

The following portions of the attached examination report form need not be completed:

2	9	62	69
3	11	65	72
4	14	67	76
8	17	68	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

**For All Examinees, Whether Clerical or Special Agent Applicants or Employees:**

The medical examiner should answer the following question:

Examinee  is  is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Male Employees and Male Applicants:**

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?  
 No  Yes If "yes" please specify defects. \_\_\_\_\_
2. Does examinee have any defects prohibiting safe operation of motor vehicles?  
 No  Yes If "yes" please specify defects. \_\_\_\_\_
3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle?  Yes  No  
If recommendation is based on a factor other than above standard, indicate basis \_\_\_\_\_

*67-31211-211*

*4/25*

**Desirable Weight Ranges for Males**

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5'5"	120 - 129	RECD ADMIN. DIV. 139	134 - 152
5'6"	124 - 133	FBI 130 - 143	138 - 157
5'7"	128 - 137 JUL 31	18 PM '68 134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is  small  medium  Large

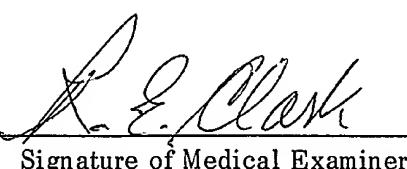
5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight  Satisfactory  Excessive  Deficient

6. Under proper medical supervision, employee should  lose \_\_\_\_\_ pounds  
 gain \_\_\_\_\_ pounds

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



R. E. Clark

Signature of Medical Examiner

8 July 1968

Date

**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

Name of Examinee \_\_\_\_\_  
(Type or print)

*Scatterday*

*George*

*H.*

Last

First

Middle

The following portions of the attached examination report form need not be completed:

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3	11	65	72
4	14	67	76
8	17	68	

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**For All Examinees, Whether Clerical or Special Agent Applicants or Employees:**

The medical examiner should answer the following question:

Examinee  is  not qualified for strenuous physical exertion.

**To be Answered in the Case of All Male Employees and Male Applicants:**

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?  
 No    Yes   If "yes" please specify defects. \_\_\_\_\_
2. Does examinee have any defects prohibiting safe operation of motor vehicles?  
 No    Yes   If "yes" please specify defects. \_\_\_\_\_
3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle?  Yes    No  
If recommendation is based on a factor other than above standard, indicate basis \_\_\_\_\_

*39*      *Report of examination*  
*limited dist.*      *9-10-68 J. G. - 11-11-68*

**Desirable Weight Ranges for Males**

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is  small  medium  large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight  Satisfactory  Excessive  Deficient

6. Under proper medical supervision, employee should  lose \_\_\_\_\_ pounds  
 gain \_\_\_\_\_ pounds

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Ronald L. Cameron, M.D.*  
 Signature of Medical Examiner

*9-10-68*  
 Date

UNITED STATES GOVERNMENT

*Memorandum*

TO : ~~XXXXXX~~ Mr. Rosen *Rosen*

FROM : ~~XXX~~ G. H. Scatterday *GHS*

SUBJECT: SA GEORGE H. SCATTERDAY  
NAME CHECK SECTION  
GENERAL INVESTIGATIVE DIVISION

DATE: 9/3/68

Attention: Personnel Section

Remylet 8/13/68  
 ReBulet \_\_\_\_\_

Re physical examination \_\_\_\_\_.  
 Dental work was completed on \_\_\_\_\_.  
 Vision has been corrected to \_\_\_\_\_. Employee specifically instructed

\_\_\_\_\_ by \_\_\_\_\_ that he can operate a Bureau car  
(date) (name of person giving instruction)

only when wearing the necessary glasses.

Results of  chest X ray  patch test  urinalysis  serology were negative.  
 Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.  
 Enclosed are  paid  unpaid medical bills.  
 Attached are Bureau of Employees' Compensation forms \_\_\_\_\_

Physical examination reports are enclosed.  
 Employee is scheduled for physical examination on \_\_\_\_\_.  
 Physical examination report has been reviewed and initialed.  
 Employee returned to active duty 9/3/68.  
 Employee's physical condition is Satisfactory.  
 UACB he is being removed from limited duty.  
 UACB he is being placed on limited duty.

Remarks:

*Noted*  
*9/3/68*  
*9-6-68*

*62*  
*3 3 44.00*  
*3/11/68*

UNITED STATES GOVERNMENT

*MR. CALLAHAN*  
**Memorandum**TO : ~~XXXXXX~~

DATE: 9-4-68

FROM : ~~XX J. B. ADAMS~~

Attention: Personnel Section

SUBJECT: **GEORGE H. SCATTERDAY**  
Section Chief  
General Investigative Division  
Limited Duty Matter

Remylet \_\_\_\_\_  
 ReBulet \_\_\_\_\_

Re physical examination \_\_\_\_\_.  
 Dental work was completed on \_\_\_\_\_.  
 Vision has been corrected to \_\_\_\_\_. Employee specifically instructed  
 by \_\_\_\_\_ (date) \_\_\_\_\_ (name of person giving instruction) that he can operate a Bureau car  
 only when wearing the necessary glasses.

Results of  chest X ray  patch test  urinalysis  serology were negative.  
 Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.  
 Enclosed are  paid  unpaid medical bills.  
 Attached are Bureau of Employees' Compensation forms \_\_\_\_\_

Physical examination reports are enclosed.  
 Employee is scheduled for physical examination on \_\_\_\_\_.  
 Physical examination report has been reviewed and initialed.  
 Employee returned to active duty \_\_\_\_\_.  
 Employee's physical condition is \_\_\_\_\_.  
 UACB he is being removed from limited duty.  
 UACB he is being placed on limited duty.

Remarks: Attached is form FD-300. Government doctor did not qualify  
captioned employee due to recent surgery.

Enclosure

67  
gwg

44

67-NOT RECORDED

8-14-68

Placed for  
Conrad J. L.  
9-4-68  
JFB 9-5-68  
3/18

**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

Name of Examinee \_\_\_\_\_

(Type or print)

*SCATTER DAY, G.H.*

Last

First

Middle

The following portions of the attached examination report form need not be completed:

2	9	62	69
3	11	65	72
4	14	67	76
8	17	68	

- 46. Is necessary unless facilities for affording same are not readily available.
- 48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
- 49. Is necessary unless facilities for affording same are not readily available.
- 71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

**For All Examinees, Whether Clerical or Special Agent Applicants or Employees:**

The medical examiner should answer the following question:

Examinee  is ~~X~~ is not qualified for strenuous physical exertion.

*W/D/P/S  
CDR (WIC) JBR  
8/27/68*

**To be Answered in the Case of All Male Employees and Male Applicants:**

- Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

No  Yes If "yes" please specify defects. *Recent surgery on  
left hand*

- Does examinee have any defects prohibiting safe operation of motor vehicles?

No  Yes If "yes" please specify defects. \_\_\_\_\_

- For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle?  Yes  No  
If recommendation is based on a factor other than above standard, indicate basis \_\_\_\_\_

*PROLOGUE*

**Desirable Weight Ranges for Males**

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is  small  medium  large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight  Satisfactory  Excessive  Deficient

6. Under proper medical supervision, employee should  lose \_\_\_\_\_ pounds  
 gain \_\_\_\_\_ pounds

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SEE OVER

Signature of Medical Examiner

Date

**PERSONAL INFORMATION  
AND/OR  
REQUEST FOR LEAVE**

TO : Mr. Rosen

DATE: 8/13/68

FROM: G. H. Scatterday

Name GEORGE H. SCATTERDAY

Social Security No.

720-03-42771

Name Check Section

Assigned General Investigative Division EOD 6/22/42

<b>REQUEST FOR LEAVE WITHOUT PAY</b>		LWOP from _____ to _____									
Hours of annual leave accrued	Hours of sick leave (if applicable)	Desires advanced annual leave in addition to LWOP <input type="checkbox"/> Yes <input type="checkbox"/> No									
Reason:     											
<b>ILLNESSES</b> Nature of illness: (Indicate extent of, description, and current condition under Remarks) <small>(Date of surgery and postoperative condition must be indicated under Remarks)</small> <p style="margin-left: 20px;"> <input type="checkbox"/> Accident    <input type="checkbox"/> Injury    <input type="checkbox"/> Disease    <input checked="" type="checkbox"/> Operation         </p>											
Date sick leave commenced <u>8/13/68</u>	Date ceased active duty <u>cob 8/12/68</u>	Expected date of return to duty <u>unknown</u>									
Address: Confined at: <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Residence											
<b>National Naval Medical Center</b> <b>8901 Wisconsin Avenue</b> <b>Bethesda, Maryland 20014</b>											
<b>N.A. as employee has sufficient sick leave.</b>											
<b>EMPLOYEE REQUESTS ADVANCED SICK LEAVE</b> after accrued <input type="checkbox"/> sick leave <input type="checkbox"/> sick and annual leave/ Employee has <u>487</u> hours of annual leave and <u>1677</u> hours of sick leave (if applicable) accrued.											
<b>DEATHS</b> <table style="margin-left: 20px; border: none;"> <tr> <td><input type="checkbox"/> Father</td> <td><input type="checkbox"/> Mother</td> <td><input type="checkbox"/> Spouse</td> <td><input type="checkbox"/> Daughter</td> </tr> <tr> <td><input type="checkbox"/> Brother</td> <td><input type="checkbox"/> Sister</td> <td><input type="checkbox"/> Son</td> <td><input type="checkbox"/> Other      Relationship _____</td> </tr> </table>				<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Spouse	<input type="checkbox"/> Daughter	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Son	<input type="checkbox"/> Other      Relationship _____
<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Spouse	<input type="checkbox"/> Daughter								
<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Son	<input type="checkbox"/> Other      Relationship _____								
Name of deceased		Date and place of death									
Employee's residence address		If employee is leaving residence because of this death, what will be his temporary address?									
Time and date of departure: _____ Anticipated time and date of return: _____											

ADDITIONAL REMARKS AND/OR REASONS FOR REQUEST WHICH WILL BE GRANTED, UACB.

Employee entered National Naval Medical Center 8/13/68 for surgery to palm of left hand for removal of cyst. Date of return unknown.

*Surgery left hand 8/13/68  
removed 8/16/68*

*8-13-68*

*UACB 70062*

*20*

*3*

August 15, 1968

Mr. George H. Scatterday  
3911 Osceola Road  
Washington, D. C. 20016

Dear Scatterday:

I am pleased that your condition is satisfactory following surgery, and trust your progress will continue to be favorable.

Let me urge you to heed your doctor's advice carefully and remain away from work as long as he deems it advisable.

Sincerely,  
J. Edgar Hoover

1 - Mr. Rosen (Personal Attention)

MAILED 7  
AUG 15 1968  
COMM-FBI

NLM

(4)

Address obtained from Information.

Memo 7-26-68 from employee advised he would enter hospital 8-13-68 and undergo surgery 8-14-68 for the removal of a left mid palmar nodule.

b6

[redacted] of the Administrative Division advised employee's condition satisfactory following scheduled surgery. Mr. Scatterday is expected to be away from work 5-7 days.

Special Salutation obtained from file.

JBA  
WSE

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

MAIL ROOM  TELETYPE UNIT

UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. Callahan

DATE: 10/23/68

FROM : A. Rosen

1 - Mr. Rosen  
1 - Mr. Malley  
1 - Mr. Callahan

SUBJECT: SA GEORGE H. SCATTERDAY  
GENERAL INVESTIGATIVE DIVISION  
NAME CHECK SECTION

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

An error was detected by the Reading Room in a communication going to Assistant Attorney General Mitchell Rogovin dated 10/23/68.

This error is very much regretted and every effort will be made to eliminate such errors in correspondence in the future.

ACTION: In accordance with existing instructions, a letter of censure is recommended for Mr. Scatterday. Proposed letter attached.

Enclosure  
JRM:mpd (4)

*most*

*JRM forward*

*V. J. P.*

378195-287

SEARCHED	INDEXED
SERIALIZED	FILED
OCT 23 1968	

*2*  
*JK*

*V8*  
October 28, 1968

PERSONAL

Mr. George H. Scatterday  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Scatterday:

An outgoing communication prepared by you under date of October 23, 1968, was subsequently found to contain an error. It is apparent that you should have exercised more care in this matter.

Accordingly, you should give closer attention in the future to the preparation of official correspondence so that similar mistakes may be avoided.

Very truly yours,

J. Edgar Hoover

John Edgar Hoover  
Director

- 1 - Mr. Rosen (Personal Attention)  
1 - Movement  
1 - General Investigative Division Personnel File

*cc*  
SIC:mrg  
(6)

Based on memo A. Rosen to Mr. Callahan, 10-23-68, JRM:mpd.

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

MAIL ROOM  TELETYPE UNIT

UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. Rosen *JRM*

DATE: 2-25-69

FROM : J. R. Malley *JRM*

SUBJECT: SPECIAL AGENT GEORGE H. SCATTERDAY  
NAME CHECK SECTION  
GENERAL INVESTIGATIVE DIVISION

1 - Mr. Rosen  
1 - Mr. Malley  
1 - Mr. Scatterday  
1 - SAC Sloan, Quantico

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

This is to advise that today authorization has been granted to the above-named Agent to carry his personally-owned firearm. This weapon is described as a .38 caliber Smith and Wesson, Chiefs Special (model #36) two-inch barrel, serial number 735489.

ACTION:

For information.

Post to property card

2-28-69

RK

BK

GHS:jlh  
(5)

REC-150

\* PEE DS 150

288

10 MAR 4 1969

82

FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

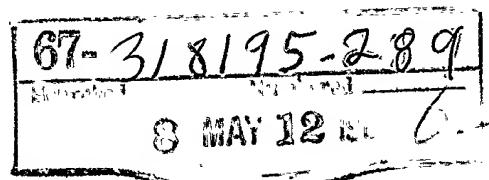
## REPORT OF PERFORMANCE RATING

Name of Employee: GEORGE H. SCATTERDAYWhere Assigned: General Investigative  
(Division) Name Check Section  
(Section, Unit)Official Position Title and Grade: (Section Chief) Special Agent GS-16Rating Period: from April 1, 1968 to March 31, 1969ADJECTIVE RATING: EXCELLENT  
*Outstanding, Excellent, Satisfactory, Unsatisfactory* Employee's Initials GAVRated by: Alex Losen Signature Assistant Director 4/1/69  
Title DateReviewed by: Alex Losen Signature Assistant to the Director 4/1/69  
Title DateRating Approved by: Alex Losen Signature Assistant Director APR 14 1969  
Title Date

## TYPE OF REPORT

 Official  
 Annual

- Administrative       60-Day  
 90-Day       Transfer  
 Separation from Service  
 Special



MAY 15 1969

3-1X

**PERFORMANCE RATING GUIDE  
FOR INVESTIGATIVE PERSONNEL**

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee George H. Scatterday

**RATING GUIDE AND CHECK-LIST**

**Note:** Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

**RATE ITEMS AS FOLLOWS:**

- + Outstanding (exceeding excellent and deserving of special commendation).
- E Excellent.
- V Satisfactory (good or very good).
- Unsatisfactory.
- O No opportunity to appraise performance during rating period.

**Guide for determining adjective rating:**

1. "Outstanding" adjective rating requires (A) that all elements be + and (B) that each and every rated element be factually justified by narrative details, including reasons for considering each worthy of Special Commendation and be attached to FD-185a.
2. "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.  
 A. Any element rated "Unsatisfactory" must be supported by narrative comments.  
 B. An official rating of "Unsatisfactory" must be supported in writing stating (1) wherein the performance is unsatisfactory, (2) the facts of the (90-day) prior warning, and (3) the efforts made after the warning to help the employee bring his performance up to a satisfactory level and must be attached to FD-185a.

<ul style="list-style-type: none"> <li><u>+</u> (1) Personal appearance.</li> <li><u>+</u> (2) Personality and effectiveness of his personal contacts.</li> <li><u>+</u> (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load).</li> <li><u>+</u> (4) Physical fitness (including health, energy, stamina).</li> <li><u>+</u> (5) Resourcefulness and ingenuity.</li> <li><u>+</u> (6) Forcefulness and aggressiveness as required.</li> <li><u>+</u> (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.</li> <li><u>+</u> (8) Initiative and the taking of appropriate action on own responsibility.</li> <li><u>+</u> (9) Planning ability and its application to the work.</li> <li><u>+</u> (10) Accuracy and attention to pertinent detail.</li> <li><u>+</u> (11) Industry, including energetic, consistent application to duties.</li> <li><u>+</u> (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control.</li> <li><u>+</u> (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.</li> <li><u>+</u> (14) Investigative ability and results:           <ul style="list-style-type: none"> <li><u>+</u> (a) Internal security cases</li> <li><u>+</u> (b) Criminal or general investigative cases</li> <li><u>O</u> (c) Fugitive cases</li> <li><u>O</u> (d) Applicant cases</li> <li><u>O</u> (e) Accounting cases</li> </ul> </li> <li><u>O</u> (15) Physical surveillance ability.</li> </ul>	<ul style="list-style-type: none"> <li><u>E</u> (16) Firearms ability.</li> <li><u>O</u> (17) Development of informants and sources of information.</li> <li><u>+</u> (18) Reporting ability:           <ul style="list-style-type: none"> <li><u>O</u> (a) Investigative reports</li> <li><u>O</u> (b) Summary reports</li> <li><u>+</u> (c) Memos, letters, wires (Consider: <u>+</u> conciseness; <u>-</u> clarity; <u>-</u> organization; <u>-</u> thoroughness; <u>-</u> accuracy; <u>-</u> adequacy and pertinency of leads; <u>-</u> administrative detail.)</li> </ul> </li> <li><u>O</u> (19) Performance as a witness.</li> <li><u>+</u> (20) Executive ability:           <ul style="list-style-type: none"> <li><u>+</u> (a) Leadership</li> <li><u>+</u> (b) Ability to handle personnel</li> <li><u>+</u> (c) Planning</li> <li><u>+</u> (d) Making decisions</li> <li><u>+</u> (e) Assignment of work</li> <li><u>+</u> (f) Training subordinates</li> <li><u>+</u> (g) Devising procedures</li> <li><u>+</u> (h) Emotional stability</li> <li><u>+</u> (i) Promoting high morale</li> <li><u>+</u> (j) Getting results</li> </ul> </li> <li><u>O</u> (21) Ability on raids and dangerous assignments:           <ul style="list-style-type: none"> <li><u>+</u> (a) As leader</li> <li><u>+</u> (b) As participant</li> </ul> </li> <li><u>+</u> (22) Organizational interest, such as making of suggestions for improvement.</li> <li><u>+</u> (23) Ability to work under pressure.</li> <li><u>+</u> (24) Miscellaneous. Specify and rate:           <ul style="list-style-type: none"> <li><u>+</u> Dictation ability</li> </ul> </li> </ul>
--	---

- A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.): Section Chief

- B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker): Administrator

- C. (1) Is employee available for general assignment wherever needs of service require? yes (If answer is not "yes," explain in narrative comments.)  
 (2) Is employee available for special assignment wherever needs of service require? yes (If answer is not "yes," explain in narrative comments.)
- D. 1. Has employee had an abnormal sick leave record during rating period? \_\_\_\_\_ 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? yes (If answer to either question is "yes," explain in narrative comments.)
- E. Is employee qualified to operate a motor vehicle incidental to his official duties? XX Yes  No  
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.  
 (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

ADJECTIVE RATING: EXCELLENT

Outstanding, Excellent, Satisfactory, Unsatisfactory

EMPLOYEE'S INITIALS: GHN

NARRATIVE COMMENTS

1. PERSONAL APPEARANCE AND PERSONALITY:

Mr. Scatterday is well groomed at all times and makes a fine personal appearance

2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS:

NA

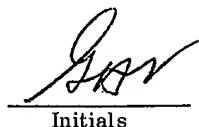
3. LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING PERFORMANCE; AND SICK LEAVE INFORMATION:

No limitations on his availability or physical performance.

Mr. Scatterday used 162 hours of SL during the rating period, 112 hours having been used in connection with surgery on his hand.

4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE, INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED:

Mr. Scatterday has been in charge of the Name Check Section during the rating period. The work of this Section comprises a very heavy volume and in addition requires the preparation of special memoranda for high Government officials, such as the Attorney General and the President, which matters must be handled in the shortest possible time and with extreme care.



GSV  
Initials

5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED:

He received an incentive award and a letter of commendation during the rating period.

6. DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS:  
(List items taken into consideration on rating guide and check list.)

He received a letter of censure in connection with an error in an outgoing communication.

7. PARTICIPATION IN INFORMANT PROGRAMS:

NA

8. TESTIFYING EXPERIENCE AND ABILITY:

NA

9. ACCOUNTING INFORMATION:

NA

10. POLICE INSTRUCTION:

NA

11. RESIDENT AGENTS:

NA

  
Initials

**12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:**

NA

13. FOREIGN LANGUAGE ABILITY: NONE

Language in which proficient \_\_\_\_\_

Completed language school  Yes  No

Fluent in \_\_\_\_\_ language to extent Agent can handle typical investigative problems as follows: (1) Conversation form  Yes  No

(2) Written form  Yes  No

Evaluate language proficiency in each phase as excellent, very good, good, fair or unsatisfactory

<u>Language</u>	<u>Read</u>	<u>Write</u>	<u>Speak</u>	<u>Understand</u>

Frequency \_\_\_\_\_ language ability used during rating period:

Frequency of use of \_\_\_\_\_ language ability anticipated during ensuing year:

#### **14. ADMINISTRATIVE ADVANCEMENT:**

- (a) Agent is interested in administrative advancement.  Yes  No

(b) Agent is completely available for administrative advancement.  Yes  No

(c) Agent is considered completely qualified at present for administrative advancement, including experience, ability, \* personality and appearance.  Yes  No

(d) If answer to (c) is "Yes," Agent's qualifications are considered  
 very good  excellent  outstanding

(e) If answer to (c) is "No," is Agent considered to have potential for future administrative advancement? (If applicable, explanatory comments required.)  Yes  No

\*While Mr. Scatterday is recommended for administrative advancement it is felt he is best serving the Bureau's needs in his present capacity.

GPR  
Initials

June 20, 1969

**PERSONAL**

Dear Scatterday:

You will soon be celebrating your Twenty-seventh Anniversary in the Bureau and I wanted to extend my congratulations to you. May you enjoy the day to the fullest, and I hope the Bureau will have the benefit of your fine services for many years to come.

Sincerely,

**J. EDGAR HOOVER**

Mr. George H. Scatterday  
Federal Bureau of Investigation  
Washington, D. C.

290

SENT FROM D. O.
TIME <u>2:22 p.m.</u>
DATE <u>6-22-69</u>
BY <u>J. E. H.</u>

Anniversary 6/22 - Sunday

JEH:edm (3)

*clm*

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

MAIL ROOM  TELETYPE UNIT

May 26, 1969

PERSONAL

Mr. George H. Scatterday  
Federal Bureau of Investigation  
Washington, D. C.

Dear Scatterday:

Your suggestion has been received regarding a specific change in the phraseology set forth in a certain section of the Manual for Bureau Supervisors. After evaluation, it has been decided the present wording is preferred since there are occasions when such matters are related to the work of a division other than the one to which the supervisor receiving the initial information is assigned. It is believed this could cause confusion.

Although favorable action was not taken in this instance, I appreciate the interest and thoughtfulness which led you to submit your idea to me.

Sincerely,

1 - Mr. Rosen

1 - Personnel file of SA George H. Scatterday

ML:pld

(5) (Suggestion 845-69 dated 5/21/69)

NOTE: Based on memorandum G. H. Scatterday to Mr. Rosen, 5/21/69,  
re: Manual for Bureau Supervisors, Suggested Revision, GHS:mpd.

Inspector Sterling B. Donahoe in Mr. DeLoach's Office recommends against adoption. The fact of matter is that many calls received by extra-duty supervisors may relate to work of other divisions. In such cases, this proposed procedure would become confusing. He believed the routing problem is minimal and can be properly resolved by those examining the contents of the memorandum. Due to these views, Training Division agrees this idea should not be approved.

DUPLICATE YELLOW

Mr. Rosen

5/21/69

G. H. Scatterday

1 - Mr. Rosen

1 - Mr. Malley

1 - Mr. Scatterday

① Training Division

MANUAL FOR BUREAU SUPERVISORS  
SUGGESTED REVISION

#845-69

PURPOSE: To recommend that Manual for Bureau Supervisors, Section 17 (1) (k), page 7b, containing instructions for preparation of memoranda by night and weekend supervisors be revised.

BACKGROUND: This section of the manual presently provides:

"Memoranda prepared by night and weekend supervisors should be addressed to the supervisor's Assistant Director and should be from the supervisor's section chief. The first sentence of the memorandum should set forth the identity of the night supervisor receiving the information."

OBSERVATIONS: In order to insure that memoranda prepared by night and weekend supervisors are properly supervised by the section responsible for handling the substance of any such memoranda, it is believed this section of the manual should be revised as follows:

"Memoranda prepared by night and weekend supervisors should be addressed to the supervisor's Assistant Director and should be from the section chief supervising the matter. The first sentence of the memorandum should set forth the identity of the night supervisor receiving the information."

Adoption of this suggestion will insure that the memorandum is routed to the appropriate Section Chief.

RECOMMENDATION: That the above suggestion be adopted.

GHS:mpd (5)

AM 57 Q 80 77, 23

184700Z MAY 69  
FBI WASH D.C.

July 15, 1969

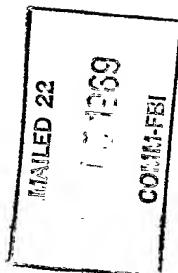
Mr. George H. Scatterday  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Scatterday:

It is with considerable pleasure that I commend you and, through you, the personnel of the Name Check Section who performed so excellently, thereby contributing to the accomplishments realized during Fiscal Year 1969.

As a result of the competent and enthusiastic manner in which everyone carried out his responsibilities, a noteworthy record of achievements has been attained. I am certainly pleased with your superior supervision and I want to thank you. I also want you to convey my appreciation to those in your section who participated so capably.

Sincerely yours,  
J. Edgar Hoover



1 - Mr. Rosen (Personal Attention)

A copy of this letter will be placed in the personnel files of all participants.

1 - Miss Usilton (Sent Direct)

JMP  
(5)

Based on Rosen-DeLoach memo 7/11/69 re Accomplishments, General Investigative Division, Fiscal Year 1969.

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

REMOVED BY SRD

MAIL ROOM  TELETYPE UNIT

July 16, 1969

PERSONAL

Mr. George H. Scatterday  
Federal Bureau of Investigation  
Washington, D. C.

Dear Scatterday:

The suggestion submitted by you has been received regarding a change in the manner in which certain name checks are conducted. This proposal has been thoroughly evaluated and it has been decided our present system for searching these names should remain in effect due to the additional expense and personnel which would be necessary to handle this procedure as recommended by you.

Although favorable action was not taken in this instance, I appreciate the interest you displayed in giving me the benefit of your thoughts on this matter.

Sincerely,

1 - Mr. Rosen

1 - Personnel file of SA George H. Scatterday

ML:pld

(5) (Suggestion 19-70 dated 7/8/69)

NOTE: Based on memorandum Rosen to DeLoach, GHS:jlh, 7/8/69,  
re: Name Searches for Name Check Section, General  
Investigative Division and Security of Government Employees Section,  
Special Investigative Division, Suggestion; and Executives Conference  
memorandum to Mr. Tolson, WST:jmr, 7/11/69, re: Name Searching  
Procedures.

JL  
BHL

UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. Tolson

DATE: 7-11-69

FROM : The Executives Conference

SUBJECT: NAME SEARCHING PROCEDURES

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
~~Rosen~~ \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

On 7-11-69 the Executives Conference, consisting of Messrs. Tolson, DeLoach, Callahan for Mohr, Bland for Bishop, Walsh for Callahan, Casper, Conrad, Felt, Gale, Rosen, Sullivan, Tavel, Trotter and Hyde for Beaver, considered a recommendation by SA George H. Scatterday of the Name Check Section, General Investigative Division, that the name searching rules for persons under 22 years of age be afforded a full six-way search as they were prior to April, 1966, at which time the Executives Conference approved instituting a streamlined search of persons 21 years and younger. Scatterday states that many youthful persons have been engaged in campus disorders, racial agitation, violence-prone organizations, New Left activities, et cetera, and any information in our files involving such persons should be furnished the requesting agency in response to a name check request. He feels that a limited search may be missing pertinent data in our files. He gives absolutely no specific instance where data has been missed in the three years we have been using the streamlined search.

It was pointed out that the abbreviated search was instituted after a survey of people 21 and under showed that of 5,000 name check forms, only 172 possible identifications were made and all except one of these were found by searching the indices on the full name and the first name with middle initial. It was also necessary at that time to streamline our searching operation because of the tremendous increase in the volume of receipts of name checks from other agencies, particularly from the military. Most name check requests from them are for individuals 21 and under and these constitute a large majority of the total volume of name check requests we receive. We found at that time that other Government agencies making such name checks were only averaging one and a half searches per request rather than the six searches we had been giving each name.

In three years' experience with the present search, we know of no case in which information has been missed as a result of this limited search and our spot checks have indicated that no pertinent information is being missed. As

1-Mr. DeLoach  
1-Mr. Rosen  
1-Mr. Beaver  
1-Mr. Casper

WST:jmr  
(7)

7-11-69 10:10 AM

CONTINUED - OVER

Executives Conference Memorandum  
Re: Name Searching Procedures

a result of the streamlined search, nearly two million dollars in savings have been realized, representing in excess of 100 additional clerical employees each year that would be necessary if we were to reinstitute the full six-way search on each name. These savings in 1968 alone amounted to \$529,242.63.

The search which we now conduct includes the full three-part name; the first name and middle initial only; the written signature if this differs from the breakdown referred to above; and also any nicknames or aliases listed on the request form. If any reference is found on the limited search a full six-way breakdown search is then made. The employee is required to search three cards before and three cards behind for any possible variations or other cards which may be identical. All Bureau applicant searches and any searches requested by Bureau Supervisors for individuals in the 21 and under age group are given a six-way search. It was pointed out that we are receiving only fragmentary identifying data on many of the young people involved in campus disorders and that a search on merely the first and last name generally produces only a number of references which cannot be definitely identified with the subject.

We are working overtime at present in the Name Searching Unit to try to keep up with the extremely heavy volume of receipts and to revert to six-way searches on the large percentage received from the military would undoubtedly result in creating a large delinquency.

We have no evidence that any significant action has been taken by the agencies receiving derogatory information on the people in the age group of 21 and under to exclude them from the Armed Forces or from Federal employment.

The Conference unanimously agreed that in view of the additional expense and employees which would be required to reinstitute the full six-way search and the fact that there was no evidence that any information has actually been missed because of the limited search, that the present rules for searching persons 21 years and under continue as at present.

RECOMMENDATION: That the Records Branch continue to search the names of individuals 21 and under received on name check requests from other agencies in accordance with the procedures previously approved by the Executives Conference in April, 1966, which have been in effect since then.

P OK ✓  
H

RB 51  
7/11

*R. K.*  
Mr. DeLoach

7-8-69

A. Rosen

- 2 - Mr. DeLoach
  - 1 - Mr. Rosen
  - 1 - Mr. Malley
  - 2 - Mr. Scatterday
  - 1 - Mr. Cleveland
  - 1 - Mr. Gale
  - 1 - Mr. Tavel
  - 1 - Mr. Casper
- D*

NAME SEARCHES FOR NAME CHECK SECTION,  
GENERAL INVESTIGATIVE DIVISION AND  
SECURITY OF GOVERNMENT EMPLOYEES SECTION,  
SPECIAL INVESTIGATIVE DIVISION  
SUGGESTION #19-10

SYNOPSIS

SA George E. Scatterday, Name Check Section, General Investigative Division, has suggested revision of name searching rules for persons under 22 years of age on forms received from Name Check Section and Security of Government Employees Section to afford these names a full six-way search. Name checks, with the exception of the above forms, are given the full six-way search, but under name searching rules an exception exists and persons under 22 years of age on forms from the two above sections are given a limited-type search and a breakdown to two-part names (first and last) are not searched.

Many youthful persons have been engaged in campus disorders, racial agitation, violence-prone organizations, New Left activities, etc., and any information in our files involving persons in such activities should be furnished requesting agency in response to name check request. Informants and sources in many instances do not know full complete name of individual on whom they are reporting and will report activity under a two-part name (without a middle initial or middle name). Limited search may be missing pertinent data in our files.

RECOMMENDATION:

That all forms received in name searching from Name Check and Security of Government Employee Section for a name check be given complete six-way search and no exception made for persons under age 22.

GHS:jlh  
(9)

DETAILS-OVER

Memorandum to Mr. DeLoach  
RE: NAME SEARCHES FOR NAME CHECK SECTION  
GENERAL INVESTIGATIVE DIVISION; AND  
SECURITY OF GOVERNMENT EMPLOYEES SECTION,  
SPECIAL INVESTIGATIVE DIVISION

DETAILS

PURPOSE:

To recommend revision of name searching rules for persons under 22 years of age on forms received from Name Check Section and Security of Government Employees Section as suggested by SA George H. Scatterday.

BACKGROUND:

The Name Searching Guide of the Files and Communications Division contains instructions for name searching personnel concerning searches of Bureau indices. Section VI contains instructions concerning "breakdowns" of how names are to be searched, including the usual "six-way" breakdown, under which, for example, the name John Paul Rice would be searched six way, i.e.:

John Paul Rice  
John P. Rice  
John Rice  
J. Paul Rice  
J. P. Rice  
Paul Rice

Paragraph 17 of this section provides an exception to the six-way breakdown as follows:

"17. Exception to the regular six-way breakdown may be made when searching persons under 22 years of age on all forms received from Name Check Section (except Secret Service) and Security of Government Employee Section.

"This limited breakdown of the name will not apply to the following types of mail or forms:

VISA I-57  
SECRET SERVICE FORMS  
BUREAU APPLICANT AND RELATED FORMS  
APPLICANT INVESTIGATIONS placed on record  
and searched..."

Memorandum to Mr. DeLoach

RE: NAME SEARCHES FOR NAME CHECK SECTION  
GENERAL INVESTIGATIVE DIVISION; AND  
SECURITY OF GOVERNMENT EMPLOYEES SECTION,  
SPECIAL INVESTIGATIVE DIVISION

Under the above exception, the name "John Paul Rice" would not be searched under the two-part name "John Rice."

OBSERVATIONS:

As the repository for security-type data, the Bureau has the responsibility to furnish pertinent data in our files to other agencies in the Executive Branch when requested.

At the present time, the country is plagued with campus disorders; racial agitation, in many instances involving violence or violence-prone organizations such as the Black Panthers; opposition from the New Left and other activities, many times involving young people. Any information in our files involving an individual in this type of activity should certainly be furnished to an agency requesting a check of our files.

It is believed that in a great many instances sources and informants who furnish us data concerning these activities do not know the full complete name of the individual so involved; particularly, will they not be aware of the individual's middle name or initial. This being the case, they will report activity on the part of "John Rice," "James Hanson," and "Jeffrey Swanson." (For example, an examination of Section 13 of the Students for a Democratic Society (SDS) file for the Detroit area, picked at random, reveals approximately 38 indexed names of individuals reported by sources as active in SDS in which no middle name or middle initial is shown. Many of these individuals were described as students and could therefore be less than 22 years old.) (100-439048-15-324, 325, 352, 353, 355, 356X)

Under the exception in Paragraph 17 mentioned above, it does not appear such data concerning these individuals would be located in response to a name check if they were under 22 years of age in view of the fact that the two-part names as reported by sources and informants would not be searched.

In most instances, forms received in the Name Check Section show an individual's full name, such as applicants for Government employment; inductees and enlistees into the Army,

~~Memorandum to Mr. DeLoach~~

**RE: NAME SEARCHES FOR NAME CHECK SECTION  
GENERAL INVESTIGATIVE DIVISION; AND  
SECURITY OF GOVERNMENT EMPLOYEES SECTION,  
SPECIAL INVESTIGATIVE DIVISION**

Navy, Air Force; contractor's employees applying for security clearances, etc., and if these forms are searched only down through the middle initial without a search of just the first and last names, it is possible that we are missing pertinent data in our files and not fulfilling our obligations to other agencies.

While no specific instances can be cited where pertinent data in our files may not have been furnished a requesting agency as a result of a limited-type name search, the chances of such instances coming to our attention are extremely remote. (A 30-day survey could be conducted wherein all individuals under 22 years of age would be given a full six-way name search to determine whether information is not being located due to the limited search.)

It is believed that on all forms received from the Name Check Section and Security of Government Employees Section, no exceptions should be made and these forms should receive a full six-way search in order for us to discharge our responsibilities under the name check program.

REPORT OF MEDICAL EXAMINATION

88-110

1. LAST NAME-FIRST NAME-MIDDLE NAME <u>SCATTERDAY</u>		2. GRADE AND COMPONENT OR POSITION <u>Sgt</u>		3. IDENTIFICATION NO.																																																																																								
4. HOME ADDRESS (Number, street or R.F., city or town, zone and State) <u>GEORGE HAYES</u>		5. PURPOSE OF EXAMINATION <u>ANNUAL</u>		6. DATE OF EXAMINATION <u>7-2-69</u>																																																																																								
7. SEX <u>M</u>	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY      CIVILIAN		10. AGENCY	11. ORGANIZATION UNIT																																																																																							
12. DATE OF BIRTH <u>12-23-09</u>		13. PLACE OF BIRTH <u>IDAHO</u>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN																																																																																								
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <u>NNMC</u>		16. OTHER INFORMATION																																																																																										
17. RATING OR SPECIALTY		TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS																																																																																								
<b>CLINICAL EVALUATION</b> (Check each item in appropriate column; enter "NE" if not evaluated.) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;">NORM-</td><td style="width: 80%; text-align: center;">ABNOR-</td><td style="width: 10%;">MAL</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>18. HEAD, FACE, NECK AND SCALP</td><td></td></tr> <tr><td><input checked="" type="checkbox"/></td><td>19. NOSE</td><td></td></tr> <tr><td><input checked="" type="checkbox"/></td><td>20. SINUSES</td><td></td></tr> <tr><td><input checked="" type="checkbox"/></td><td>21. MOUTH AND THROAT</td><td></td></tr> <tr><td><input checked="" type="checkbox"/></td><td>22. EARS—GENERAL (Int. &amp; ext. canals) (Auditory acuity under items 70 and 71)</td><td></td></tr> <tr><td><input checked="" type="checkbox"/></td><td>23. DRUMS (Perforation)</td><td></td></tr> <tr><td><input checked="" type="checkbox"/></td><td>24. 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45. URINALYSIS: A. SPECIFIC GRAVITY <u>1.024</u>			46. CHEST X-RAY (Place, date, film number and result)																																																																																									
B. ALBUMIN <u>Neg</u>			D. MICROSCOPIC <u>0-1 WBC</u>																																																																																									
C. SUGAR <u>Neg</u>			48. EKG																																																																																									
47. SEROLOGY (Specify test used and result) <u>Neg.</u>			49. BLOOD TYPE AND RH FACTOR <u>O/</u>																																																																																									
50. OTHER TESTS																																																																																												

## MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 72"	52. WEIGHT 177	53. COLOR HAIR Brown	54. COLOR EYES Green	55. BUILD: (Check one)	SLENDER	MEDIUM	HEAVY	OBESER	56. TEMPERATURE
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57.	BLOOD PRESSURE (Arm at heart level)				58.	PULSE (Arm at heart level)				
A. SITTING	SYS 138	B. RECUMBENT	SYS. DIAS. 90	C. STANDING (3 min.)	SYS. DIAS.	A. SITTING 72	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.

59.	DISTANT VISION		60.	REFRACTION		61.	NEAR VISION		
RIGHT 20/ 20	CORR. TO 20/	BY	S.	CX	2M	CORR. TO	25M	BY	
LEFT 20/ 20	CORR. TO 20/	BY	S.	CX	2M	CORR. TO	25M	BY	

## 62. HETEROPHORIA (Specify distance)

ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV.	PC	PD
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63. ACCOMMODATION	RIGHT	64. COLOR VISION (Test used and result) PIP 16/16	65. DEPTH PERCEPTION (Test used and score)	UNCORRECTED
	LEFT			CORRECTED

66. FIELD OF VISION	67. NIGHT VISION (Test used and score)	68. RED LENS TEST	69. INTRAOCCULAR TENSION
---------------------	--	-------------------	--------------------------

70. HEARING	71. AUDIOMETER	72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)
RIGHT WV 15 /15 SV	15 /15	

## 73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

## 74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)	P	U	L	H	E	S
---	---	---	---	---	---	---

77. EXAMINEE (Check)	A. <input checked="" type="checkbox"/> IS QUALIFIED FOR	B. <input type="checkbox"/> IS NOT QUALIFIED FOR	B. PHYSICAL CATEGORY
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78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER	A	B	C	E
---	---	---	---	---

79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
--	-----------

80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
--	-----------

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)	SIGNATURE
--	-----------

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE	NUMBER OF ATTACHED SHEETS
---	-----------	---------------------------

**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

Name of Examinee  
(Type or print)

SCATTER DAY      LAST      GEORGE      MIDDLE HAYES

The following portions of the attached examination report form need not be completed:

2	9	62	69
3	11	65	72
4	14	67	76
8	17	68	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

**For All Examinees, Whether Clerical or Special Agent Applicants or Employees:**

The medical examiner should answer the following question:

Examinee  is  is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Male Employees and Male Applicants:**

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?  
 No  Yes If "yes" please specify defects. \_\_\_\_\_
2. Does examinee have any defects prohibiting safe operation of motor vehicles?  
 No  Yes If "yes" please specify defects. \_\_\_\_\_
3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle?  Yes  No  
If recommendation is based on a factor other than above standard, indicate basis \_\_\_\_\_

19-311-1-AJW

**Desirable Weight Ranges for Males**

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is  small  medium  large
5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight  Satisfactory  Excessive  Deficient
6. Under proper medical supervision, employee should  lose \_\_\_\_\_ pounds  
 gain \_\_\_\_\_ pounds

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Johnson*  
Signature of Medical Examiner

*2/2/69*  
Date

January 13, 1970

P E R S O N A L

Mr. George H. Scatterday  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Scatterday:

Reference is made to your suggestion that a particular type of requests for name checks no longer be indexed or filed under certain circumstances and that such requests already indexed in file be purged. It is indeed a pleasure for me to advise you this proposal is being adopted and steps will be taken to place it into effect.

You have clearly demonstrated a keen interest in improving our current procedures by making your observations available to me. I am pleased to commend you regarding this matter.

Sincerely yours,

1 - Mr. Rosen  
1 - Mrs. Randolph

1 → Personnel file of SA George H. Scatterday  
ML:cak

(6) (Suggestion 415-70)

NOTE: Based on memorandum J. J. Casper to Mr. Mohr, dated 1/9/70 captioned Name Checks, Suggestion 415-70 Submitted by SA George H. Scatterday, General Investigative Division. ML:cak.

SEARCHED INDEXED  
JAN 16 1970

December 29, 1969

PERSONAL

Mr. George H. Scatterday  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Scatterday:

I have received your suggestion that a particular type of requests for name checks no longer be indexed or filed under certain circumstances and that such requests already indexed in file be purged. As you are aware, two other divisions have an interest in this matter and their opinions are being solicited. You will be advised of the final decision.

Your continued interest in seeking ways to streamline our operations is appreciated.

Sincerely yours,

1 - Mr. Rosen  
1 - Personnel file of SA George H. Scatterday  
JER:ag  
(5) (Suggestion 415-70 dated 12/23/69)

NOTE: Suggests name check requests for the White House on which there is no record (NR) no pertinent information (NP) or no identifiable information (NI) no longer be indexed or filed. Further suggests such White House requests now indexed in File 62-5 be purged.

General Investigative Division noted these checks are handled by Crime Records Division and the filing and indexing is handled by Files and Communications Division; therefore, the comments and recommendations of these latter two divisions are being solicited.

DUPLICATE YELLOW 8

41570

Date	December 23, 1969
To:	Division of Assignment
Director, FBI	General Investigative

To:  
Director, FBI

From: (Sugester's name)  
**SA George H. Scatterday**

Division of Assignment  
**General Investigative**

**SUGGESTION**

(1) That name check requests for the White House on which there is no record (NR), no identifiable information (NI) or no pertinent information (NP) no longer be indexed or filed.

(2) That such White House requests now indexed in File 62-5 be purged.

Current practice or rule (Include manual citation as well as facts) The present general rule followed by Name Check Section concerning name check requests which result in NR, NI or NP is to appropriately stamp the form and return to the requester.  
**(CONTINUED ON PAGE TWO)**

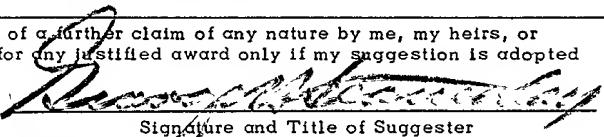
Advantages of suggestion and annual savings (include basis for estimate) Adoption of suggestions should effect savings in eliminating cost of indexing and filing these negative name checks in the future. This, coupled with the purge of such requests now on record, would not only save indexing and filing space but would also save time of review clerks in the Filing Unit and of locate clerks in the Files and Communications Division. It is believed these suggestions will result in monetary savings; however, it is felt that the Files and Communications Division is in the best position to make any estimate as to savings which may be accomplished. (Spot check of NR, NI and NP checks for White House indicates considerable volume

**(CONTINUED ON PAGE TWO)**

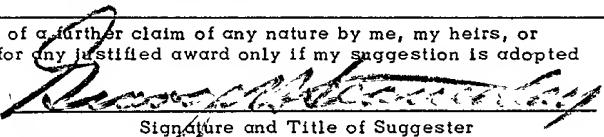
Disadvantages of suggestion (1) We could not state if we had made name check on a particular individual (this situation now exists as to the other voluminous negative name checks and has not posed a problem). (2) Cost of purging files and indices of prior such requests (believe future savings in eliminating filing and indexing and saving time of clerks would more than offset this cost as such purging could be done on a project basis).

(The use by the United States of my suggestion shall not form the basis of a further claim of any nature by me, my heirs, or assigns upon the United States. I understand that I will be considered for any justified award only if my suggestion is adopted within two years after submission.)

Mr.  Mrs.  Miss

  
Signature and Title of Sugester

Recommendations and comments of Division Head These suggestions appear to have merit. Recommend adoption. However, since these checks are handled by Crime Records Division and the recommended action would be handled by Files and Communications Division, the views of these two Divisions should be obtained.

  
Signature and Title

(Do not write in this space - for Bureau use only)

**Employee Suggestion (continued)**

**CURRENT PRACTICE OR RULE (continued)**

No copy is kept in Bufiles in the absence of any possible interest to the Bureau. This policy is followed concerning the approximate 2,000,000 name check requests handled annually by Name Check Section. Current practice concerning White House requests handled by Crime Records Division is to file and index copies of such NR, NI or NP requests into Bufile 62-5. The net effect is that we are only making a record of the fact that we have no record, thus adding names to our indices and serials to our files, which appear to be of no benefit to the Bureau.

**ADVANTAGES OF SUGGESTION AND ANNUAL SAVINGS (continued)**

being indexed and filed. Check of Sections 445, 446 and 447 of Bufile 62-5 (covering period 9/10-29/69) and Sections 452 and 453 (covering period 11/3-13/69) reveals approximately 500 such NR, NI and NP names checked for the White House which have been indexed. Name check requests for previous administrations at the White House were similarly handled and a spot check of Sections 398, 399 and 400 (for period 5/28-6/26/68) reveals approximately 750 such names filed and indexed).

March 12, 1970

Mr. George H. Scatterday  
5911 Osceola Road, Northwest  
Washington, D. C. 20016

Dear Scatterday:

I am sorry that the condition of your health necessitates your remaining away from the office, and hope this note finds you progressing satisfactorily.

You should follow closely your doctor's advice, by no means permitting worry over your work to bring about a premature return to duty.

Sincerely,

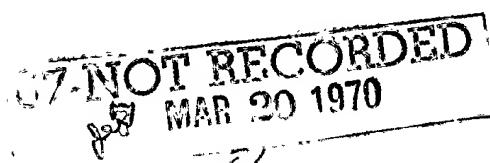
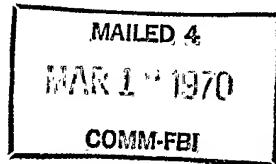
J. Edgar Hoover

1 - Mr. Rosen (Personal Attention)

KRT,  
(4)

Special Salutation obtained from file.

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Walters \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Soyars \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_



MAIL ROOM  TELETYPE UNIT

rec'd  
mch  
now  
JBA  
REC'D  
V. K. 10

**PERSONAL INFORMATION  
AND/OR  
REQUEST FOR LEAVE**

TO : Mr. Rosen ✓  
 FROM G. H. Scatterday  
**GEORGE H. SCATTERDAY**  
 Name \_\_\_\_\_  
 Assigned Name Check Section  
 General Investigative Division

DATE: 3/10/70

720-03-4277

<b>REQUEST FOR LEAVE WITHOUT PAY</b>		LWOP from _____ to _____								
Hours of annual leave accrued	Hours of sick leave (if applicable)	Desires advanced annual leave in addition to LWOP <input type="checkbox"/> Yes <input type="checkbox"/> No								
Reason:     										
<b>ILLNESSES</b>		Nature of illness: (Indicate extent of, description, and current condition under Remarks) <small>(Date of surgery and postoperative condition must be indicated under Remarks)</small>								
<input type="checkbox"/> Accident <input type="checkbox"/> Injury <input type="checkbox"/> Disease <input type="checkbox"/> Operation		<input checked="" type="checkbox"/> Illness								
Date sick leave commenced <b>1:30 pm, 3/2/70</b>	Date ceased active duty <b>1:30 pm, 3/2/70</b>	Expected date of return to duty <b>Unknown (Sometime after Monday, 3/16/70)</b>								
Address: Confined at: <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Residence										
<b>5911 Osceola Road, Washington, D.C. 20016</b>										
<b>EMPLOYEE REQUESTS ADVANCED SICK LEAVE</b> after accrued <input type="checkbox"/> sick leave <input type="checkbox"/> sick and annual leave <b>N.A.</b> Employee has <b>543</b> hours of annual leave and <b>1565</b> hours of sick leave (if applicable) accrued.										
<b>DEATHS</b> <table style="margin-left: 20px; border: none;"> <tr> <td><input type="checkbox"/> Father</td> <td><input type="checkbox"/> Mother</td> <td><input type="checkbox"/> Spouse</td> <td><input type="checkbox"/> Daughter</td> </tr> <tr> <td><input type="checkbox"/> Brother</td> <td><input type="checkbox"/> Sister</td> <td><input type="checkbox"/> Son</td> <td><input type="checkbox"/> Other</td> </tr> </table> Relationship _____			<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Spouse	<input type="checkbox"/> Daughter	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Son	<input type="checkbox"/> Other
<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Spouse	<input type="checkbox"/> Daughter							
<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Son	<input type="checkbox"/> Other							
Name of deceased	Date and place of death									
Employee's residence address	If employee is leaving residence because of this death, what will be his temporary address?  <i>NOT RECORDED</i>									
Time and date of departure: _____ Anticipated time and date of return: _____										

ADDITIONAL REMARKS AND/OR REASONS FOR REQUEST WHICH WILL BE GRANTED, UACB.

Mr. Scatterday is under a doctor's care for a urinary tract infection. His doctor has advised him that he will be unable to return to his work until at least Monday, 3/16/70, and possibly a later date than that.

*3/12/70*

JSP:cs

3/14/70

UNITED STATES GOVERNMENT

*cc: M*  
**Memorandum**TO : ~~XXXXXXXXXX~~ Mr. Rosen *fm*

DATE: 3/16/70

FROM : ~~AG~~ G. H. Scatterday *W*Attention: Personnel Section *GP*SUBJECT: GEORGE H. SCATTERDAY  
NAME CHECK SECTION  
GENERAL INVESTIGATIVE DIVISION

3/10/70

 Remylet \_\_\_\_\_  
 ReBulet \_\_\_\_\_

- Re physical examination \_\_\_\_\_.
- Dental work was completed on \_\_\_\_\_.
- Vision has been corrected to \_\_\_\_\_. Employee specifically instructed \_\_\_\_\_ by \_\_\_\_\_ (name of person giving instruction) that he can operate a Bureau car only when wearing the necessary glasses.
- Results of  chest X ray  patch test  urinalysis  serology were negative.
- Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
- Enclosed are  paid  unpaid medical bills.
- Attached are Bureau of Employees' Compensation forms \_\_\_\_\_.
- Physical examination reports are enclosed.
- Employee is scheduled for physical examination on \_\_\_\_\_.
- Physical examination report has been reviewed and initialed.
- Employee returned to active duty 3/16/70.
- Employee's physical condition is Satisfactory.
- UACB he is being removed from limited duty.
- UACB he is being placed on limited duty.

*67-NOT RECORDED*

Remarks:

*No further action  
needed  
G.H.S.  
3/16/70**6/14/70  
MAR 18 1970**100-10000-2*

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

Date 3/17/70

I certify that I have  received  returned the following Government property for official use:

"The Communist Party Line, 1969," Copy 191 ✓

L.E  
3/Catr

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

Very truly yours,

(Signature)

(Typed name)

G. H. Scatterday

RECEIPT FOR GOVERNMENT PROPERTY  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

Date 3/17/70

I certify that I have  received  returned the following Government property for official use:

"The Communist Party Line, July 1967-December, 1967," Copy 206 ✓

FILE

3/Com

READ

The Government property which you hereby acknowledge  
is charged to you and you are responsible for taking care  
of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN  
ANY WAY.

(Signature)

(Typed name) G. H. Scatterday

3/17/70

Mr. Mohr

April 7, 1970

N. P. Callahan

CLEMENT L. MC GOWAN, JR.  
 Section Chief  
 Civil Rights Section

GEORGE H. SCATTERDAY  
 Section Chief  
 Name Check Section

REX I. SHRODER  
 Inspector - Section Chief  
 Criminal Section  
 General Investigative Division

JULIAN B. ENGELSTAD  
 Supervisory Special Agent

Supervisory Special Agent  
 Special Investigative Division

Supervisory Special Agent  
 Administrative Division

#### OUTSTANDING ANNUAL PERFORMANCE RATINGS

The purpose of this memorandum is to recommend captioned agents for recognition for their superior work in the last year as indicated by the attached Outstanding performance reports.

It is certified that these agents have performed the most important functions of their positions in a manner which exceeds the normal requirement and that this exceptional level of effectiveness is expected to continue indefinitely. No administrative action was taken against these men during the rating year. They are completely available and overtime satisfactory. There follow additional specific comments regarding each for the past year.

SA McGowan EOD as SA 9-30-41 and is in GS 16, \$30,054. 1 commendation.  
 SA Scatterday EOD as SA 2-10-61 and is in GS 16, \$31,724. 1 commendation.  
 SA Shroder EOD as SA 10-13-47 and is in GS 16, \$26,640. 2 commendations, 1 of which through a superior.

SA Engelstad EOD as SA 1-10-49 and is in GS 15, \$25,909. 3 commendations, 2 of which were through a superior.

[redacted] EOD as SA 2-19-51 and is in GS 15, \$24,469. 1 incentive award and 2 commendations through a superior.

[redacted] EOD as SA 1-29-51 and is in GS 14, \$21,003. 1 commendation through a superior.

[redacted] A careful review of these agents' performance ratings and personnel files indicates that recognition is warranted.

Enc.

LDH:pam (7)

1 - Personnel file of each captioned agent

(OVER)

Memo: Callahan to Mohr  
Re: Outstanding Annual Performance Ratings

RECOMMENDATIONS:

That you, as Approving Official, sign the attached ratings and that SAs Clement L. McGowan, Jr., George H. Scatterday, Rex I. Shroder, Julian B. Engelstad, [redacted] each be furnished the original of his rating.

b6

Mr. Tolson	✓
Mr. DeLoach	
Mr. Williams	
Mr. Mohr	
Mr. Bishop	
Mr. Casper	
Mr. Callahan	✓
Mr. Conrad	
Mr. Felt	
Mr. Gale	
Mr. Rosen	
Mr. Sullivan	
Mr. Tavel	
Mr. Soyars	
Tele. Room	
Miss Holmes	
Miss Gandy	

April 10, 1970

*ckg/jng/ker*

Mr. John Edgar Hoover  
Director  
Federal Bureau of Investigation  
Washington, D.C.

Dear Mr. Hoover,

This note is to express my appreciation for the "Outstanding" rating which I received on my annual performance rating.

You have my assurance that I will continue to do my very best in the future.

Sincerely,

*George H. Scatterday*  
George H. Scatterday

REC-143

7-318195-293  
7 APR 10 1970

APR 10 1970  
100

*THREE*

FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

## REPORT OF PERFORMANCE RATING

Name of Employee: GEORGE H. SCATTERDAY

Where Assigned: GENERAL INVESTIGATIVE NAME CHECK SECTION  
(Division) (Section, Unit)

Official Position Title and Grade: Special Agent (Section Chief) GS-16

Rating Period: from April 1, 1969 to March 31, 1970

ADJECTIVE RATING: OUTSTANDING Employee's Initials  
*Outstanding, Excellent, Satisfactory, Unsatisfactory*

Rated by: Alvin Rosen Assistant Director 4/6/70  
Signature Title Date

Reviewed by: Carroll H. Ford Assistant to the Director 4/6/70  
Signature Title Date

Rating Approved by: J. P. MOHR Assistant to the Director 4/6/70  
Signature Title Date

## TYPE OF REPORT

Official  
 Annual

REF-136

 Administrative 1970

- 60-Day
- 90-Day
- Transfer
- Separation from Service
- Special

10 APR 28 1970 61

**PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL**  
*(For use as attachment to Performance Rating Form FD-185)*

Name of Employee GEORGE H. SCATTERDAY

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

- RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)
- + Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)
  - E Excellent (Overall E must be supported by E or + on majority of items, including important elements.)
  - ✓ Satisfactory
  - Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.
  - O No opportunity to appraise

(Use INK for Checklist - DO NOT TYPE)

**CHECKLIST AND NARRATIVE COMMENTS**

- + 1. Personal appearance.
  - + 2. Personality and effectiveness of his personal contacts.
  - + 3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load).
  - + 4. Physical fitness (including health, energy, stamina). COMMENT on limitations on availability, physical limitations affecting performance, and sick leave information. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? (If "yes" explain.)
- Mr. Scatterday used 147 hours of sick leave during the rating period. One hundred seven hours of this was due to a kidney infection and the remainder for doctor and dental appointments, which is not excessive in view of the nature of the sick leave. No limitations on
- + 5. Resourcefulness, ingenuity, and initiative.
  - + 6. Forcefulness and aggressiveness as required.
  - + 7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
  - + 8. Planning of work.
  - + 9. Accuracy and attention to pertinent detail.
  - + 10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
  - + 11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
  - + 12. Investigative results (rate applicable cases) + A. Internal Security; + B. Criminal or General Investigative;

       C. Fugitive;        D. Applicant;        E. Accounting.

Complexity of investigative matters handled:  None  Moderate  Most complicated.

Degree of supervision required:  Above average  Average  Minimum  None

COMMENT on type of work handled entire rating period and appraisal of overall work performance:

Mr. Scatterday has been in charge of the Name Check Section during the rating period. On occasion he has filled in on the desk of the No. One Man of the Division in his absence. The work in the Name Check Section comprises a very heavy volume and in addition requires the preparation of special memoranda for high Government officials, such as the Attorney General and the President, which matters must be handled in the shortest possible time and with extreme care. He continues to carry out his responsibilities in a highly capable manner.

- A. Is employee available for general assignment yes; special assignment yes; wherever needs of service require?
- B. Is employee qualified to operate a motor vehicle incidental to his official duties?  Yes  No  
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.  
 (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.
- C. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.): Section Chief, Name Check Section

ADJECTIVE RATING:

**OUTSTANDING***(Outstanding, Excellent, Satisfactory, Unsatisfactory)*

EMPLOYEE'S INITIALS \_\_\_\_\_

(Checklist and Narrative Comments continued)

13. Firearms

NA 14. Development of informants and sources of information. COMMENT on participation in this program.

15. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)

A. Investigative reports;  B. Summary reports;  C. Memos, letters, wires

NA 16. Performance as a witness.  During rating period;  Based on past performance;  No experience.

17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents.)

A. Leadership  F. Devising procedures  
 B. Ability to handle personnel  G. Promoting high morale  
 C. Making decisions  H. Getting results  
 D. Assignment of work  I. Furthering equal employment opportunity.  
 E. Training subordinates

18. Raids and dangerous assignments;  A. As leader;  B. As participant

19. Miscellaneous. Specify and rate:

Dictation;  Applicant recruitment;  Other \_\_\_\_\_

NA 20. Police Instruction:  Qualified  Participated  Audited

21. Foreign Language Ability: Proficient in None language(s).

Can handle typical investigative problems as follows:

A. Conversation form \_\_\_\_\_  Excellent  Very Good  Good  Fair  Unsatisfactory  
(language)

B. Written form \_\_\_\_\_  Excellent  Very Good  Good  Fair  Unsatisfactory  
(language)

Frequency \_\_\_\_\_ language ability used during rating period \_\_\_\_\_.

Anticipated use during ensuing year \_\_\_\_\_.

22. Administrative Advancement:  (Check block if not interested.)

A.  Yes  No Agent is completely available for administrative advancement.

B.  Yes  No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.

C. If answer to B is "Yes," Agent's qualifications are considered  Very Good  Excellent  Outstanding  
EXPLAIN if interested but not now qualified.

While Mr. Scatterday is recommended for administrative advancement it is felt he is best serving the Bureau's needs in his present capacity.

23. Number of Incentive Awards \_\_\_\_ Commendations 1 received from Director. Suggestions submitted 3.

24. Disciplinary Action and Justification for any Unsatisfactory Items.  None (List items taken into consideration on Checklist.)

GEORGE H. SCATTERDAY  
SECTION CHIEF  
NAME CHECK SECTION  
GENERAL INVESTIGATIVE DIVISION

During the rating period April 1, 1969, to March 31, 1970, Mr. Scatterday has continued to serve as Chief of the Name Check Section and has performed his responsibilities in an outstanding manner.

He has demonstrated a great deal of initiative and aggressiveness in directing the work of his section. The work in the Name Check Section consists of handling name check requests from various Government agencies and the preparation of special memoranda for high Government officials, such as the Attorney General and the President. These matters must be handled in many instances in the shortest possible time and with extreme care.

The accomplishments and smooth running of the section are attributed to a great extent to the expert guidance and the high morale Mr. Scatterday promotes among his subordinates. He has an outstanding knowledge of his position and has shown great determination to perform in an efficient manner. He has demonstrated unusual stamina in carrying out his official duties, has exercised excellent judgment, and exhibited unusual resourcefulness, initiative and ingenuity, as well as force and aggressiveness.

Mr. Scatterday has filled in on a number of occasions on the desk of the Number One Man of the Division and has handled this work in an outstanding manner.

He makes a fine personal appearance, is genuinely interested in his work, and is most effective in his contacts with fellow employees and representatives of other agencies and individuals with whom he comes in contact in performing his duties.

In view of the superior manner in which he has discharged his many responsibilities during the rating period, he has earned an Outstanding rating.

June 22, 1970

PERSONAL

Dear Scatterday:

I want to extend my congratulations to you on this, your Twenty-eighth Anniversary in the FBI. I hope you enjoy the day and that the Bureau will have the benefit of your fine and dedicated services for many years to come.

Sincerely,  
J. EDGAR HOOVER

Mr. George H. Scatterday  
Federal Bureau of Investigation  
Washington, D. C.

REC'D 14

295

10 JUN 22 1970

Anniversary 6/22 - Monday

JEH:edm (3)

adm

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Walters \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Soyars \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

97

MAIL ROOM  TELETYPE UNIT

SENT FROM D. O.
TIME 8:20 AM
DATE 6-22-70
BY EOB

April 24, 1970

PERSONAL

Mr. George H. Scatterday  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Scatterday:

Thank you very much for the suggestion that certain routine teletype messages requesting name checks which result in no identifiable data being found in our files be stamped to this effect and returned to the submitting agency. I am pleased to advise you this proposal is being adopted and steps will be taken to place it into effect.

Your continued interest in seeking ways to improve our operations is indeed appreciated.

Sincerely yours,

J. - Mr. Rosen

1 - Personnel file of Mr. George H. Scatterday

ML:cdk

(S) (Suggestion 719-70 dated 4/22/70)

NOTE: Suggests routine teletype name check requests from Central Intelligence Agency (CIA) which result in no identifiable data being found in Bureau files be so stamped and returned to CIA via courier service. This would make this procedure consistent with that now used in handling CIA name checks received on name check forms.

Since this procedure is handled entirely by the General Investigative Division and it recommends adoption for economy reasons, Training Division has no objection to the use of the proposed procedure. There are several CIA couriers visiting Bureau daily to pick up mail for delivery to CIA so there should not be any great delay in the results of these name checks being received by CIA. On approval, this letter will serve as the authority for the General Investigative Division to place the proposed procedure into effect.

#MIA-HO

Date

4/22/70

To: Director, FBI	From: (Suggester's name) <b>SA George H. Scatterday</b>	Division of Assignment <b>General Investigative</b>
----------------------	--	--

SUGGESTION

That Central Intelligence Agency (CIA) routine teletype name check requests which result in no identifiable data being found in Bureau files be so stamped and returned to CIA.

Current practice or rule (Include manual citation as well as facts)

CIA has been submitting some name check requests to the Bureau by direct line teletype. (CONTINUED - PAGE TWO)

Advantages of suggestion and annual savings (include basis for estimate)

Adoption of the suggestion will result in not cluttering up Bureau files with negative information. If we have no identifiable data on an individual, it serves no purpose to index that name in connection with a negative name check.

While the volume is not large, a check of such teletype name checks received from CIA for the period 3/15-4/15/70 indicates receipt of 15 such requests.

Adoption of the above suggestion will result in some savings by eliminating the necessity of recording and filing the incoming teletype. (When positive data is developed, a written record will be maintained of what is disseminated to CIA and in those instances, a copy of the incoming will, of course, be kept in our files).

Disadvantages of suggestion

None apparent.

(The use by the United States of my suggestion shall not form the basis of a further claim of any nature by me, my heirs, or assigns upon the United States. I understand that I will be considered for any justified award only if my suggestion is adopted within two years after submission.)

Mr.  Mrs.  Miss

*George H. Scatterday*  
Signature and Title of Suggester

Recommendations and comments of Division Head

This suggestion should result in economy and it is recommended it be adopted.

Signature and Title Assistant Director

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EMPLOYEE SUGGESTION  
PAGE TWO

Current Practice or Rule (continued):

Replies to CIA when the search of Bureau files has not developed any pertinent data have likewise been handled by the direct line teletype. This results in the incoming teletype from CIA being indexed and placed on record in Bureau files.

Name check requests received from CIA on name check forms, which result in no identifiable data being located in Bureau files, are so stamped and returned to CIA and no record of the negative check is kept in Bureau files unless the incoming form has data of interest to the Bureau.

Appropriately stamping incoming teletypes and returning them to CIA by courier will be consistent with how we handle CIA name checks received on name check forms.

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